DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/14/2007 **FORM APPROVED** OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING	FLE CONSTRUC			LETED
		09 © 167	B. WING			08/	31/2007
NAME OF PI	ROVIDER OR SUPPLIER		16	EET ADDRESS. 513 TAYLOR S (ASHINGTO)	•		
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W 000	INITIAL COMMENT	rs	W 000				
W 100	August 30, 2007 the determined that a firesult of the condition the previous survey individuals was selected four females and twindividuals in the safunction in the profestardation, one was functioned in the protestardation. One in diagnosis of blindred visual impairment. The findings of this observations at the programs, staff interestand day programs, administrative recounsual incident re	survey was conducted from rough August 31, 2007. It was all survey be conducted as a conclevel practices cited during a. A random sample of three exted from the population of wo male clients. One of the ample was diagnosed to bund range of mental as severe, and the last one rofound range of mental airconduction in the sample had a less and one had diagnosis of survey were based on residence and three day erviews at both the group home review of clinical and rds to include the facility's ports and policies.	W 100	Sex	response to W19		10/10/07
ABORATOR	services in an instite (hereafter referred facilities for persons persons with relate (1) The primary pur provide health or rementally retarded in related conditions; (2) The institution in E of Part 442 of this (3) The mentally repayment is request treatment as specifically in the payment is request treatment as specifically referred for the payment is request treatment as specifically referred for the payment is request treatment as specifically referred for the payment is request treatment as specifically referred for the payment is request to the payment in the payment in the payment is request to the payment in the payment	pose of the institution is to shabilitative services for adividuals or persons with neets the standards in Subpart is Chapter; and tarded recipient for whom ed is receiving active	ATURE		TITLE	· · · · · · · · · · · · · · · · · · ·	(X6) DATE
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FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: RBBR11

Facility ID: 09G167

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIN		(X3) DATE SUF COMPLET	
		09G167	B. WING _		08/31/	/2007
NAME OF P	ROVIDER OR SUPPLIER		10	EET ADDRESS, CITY, STATE, ZIP CODE 613 TAYLOR STREET, NW /ASHINGTON, DC 20011		
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W 100	Continued From pa	ige 1	W 100			
W 104	Based on observat review, the facility freceived continuou [See W195] 483.410(a)(1) GOV	is not met as evidenced by: ion, interviews and record ailed to ensure that each client s active treatment services. /ERNING BODY y must exercise general policy, ing direction over the facility.	W 104	Sec response to W195		10)10 07
	Based on observat review of records, to provided general of	is not met as evidenced by: ions, interviews, and the the facility's governing body perating directions except for ices detailed below. e:				
W 120	treatment services. 2. The Governing implement policies safety of its clients. 483.410(d)(3) SER OUTSIDE SOURC The facility must as meet the needs of	Body failed to establish and/or that ensured the health and [See W149] VICES PROVIDED WITH ES	W 120	The QMRP will establish and implement monitoring and technical assistance schewill enable the facility to ensure that day effectively implement, review, and revisobjectives for all people who live in the The QMRP will establish a quarterly sel where each person served will have an individualized meeting to review progratelevancy and success. The quarterly myield an updated functional assessment reviewed/revised IPPs both at the day property of the prograte of the program of the pro	edule that y programs se program facility hedule am goals for secting will for each	10/8/07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			1613 TAYLOR	S, CITY, STATE, ZIP C STREET, NW IN, DC 20011		
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W 120	record review, the fromitor each client the day program refour clients included. The findings included. The facility failed to program objectives at his day program. Observation at Client August 30, 2007 be the client in the dar and intermittently dipeers. Interview was Activities Coordinat regarding some of learning while at the	existing failed to effectively as day program to assure that et the needs of three of the din the sample (Clients #3). existence Client #3 's new scheduled to be implemented was implemented. Int #3 's day program on eginning at 12:35 PM revealed acceptation listening to music ancing with staff and his as conducted with the for to ascertain information the things the Client #3 was a program. According to the	W 1	20			
	Program Plan (IPP) 2007. The plan dod including the follow. Given hand ove will complete 100% interactive compute Continued interview review of Client #3' revealed, the client 2007 IPP had not b of the survey, the fa's was given the op	#3 had a new Individual developed on August 7, cumented program objectives ing: er hand assistance, Client #3 of the steps of three er games within 12 months. with the coordinator and s data collection record 's newly developed August een implemented, At the time acility failed to ensure Client #3 oportunity to participate with his n objectives at the day					
W 122	483.420 CLIENT P	ROTECTIONS sure that specific client	W 1	22			

			AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONS' A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 122	Continued From pa protections requirer	- ,	W 122	2		
W 124	The facility failed to and procedures to eits incident manage failed to ensure that mistreatment, negle injuries of unknown investigated thorough failed to ensure that to the administrator within five working to W156] failed to ensure timely [See W331]; sufficient staffing to [See W189]. The effects of these the failure of the failure of the facility must en Therefore the facility parent (if the client of the client's medic and behavioral staff treatment, and of the This STANDARD is Based on observation.	is not met as evidenced by: implement effective policies ensure the implementation of ement system [See W149]; it all allegations of ect or abuse, as well as a source, were reported and ghly [See W153 and 154]; it investigations were reported or designated representative days of the incident [See ure that injuries were assessed and failed to ensure that or prevent neglect and abuse e systemic practices results in cility to protect its clients from their general safety and well TECTION OF CLIENTS Issure the rights of all clients. Ity must inform each client, is a minor), or legal guardian, cal condition, developmental thus, attendant risks of the right to refuse treatment. Is not met as evidenced by: on, interview and record ailed to ensure the rights of	W 124	The Director of Disability Services (Deprovide a retraining to the QMRP, the Management Coordinator, the Resident and all home staff to ensure that the polincident Management is properly imple regulations promulgated by the Depart Health and Disability Services. The Dereview internal communication practice incidents at the home, and will ensure that and protocols are revised as needed to requirements for timely assessment of it timely and accurate reporting to the Catadministration, DOH, and all other appearties/entities. The DoDS will also reinvestigations with the Incident Manage Coordinator (IMC) to ensure that each complete, and submitted per regulation DoDS will review and revise staffing is staffing schedules with the QMRP and Resources Department to ensure that the adequately staffed at all times with peoproperly trained. The QMRP will submit a request to the Developmental Disabilities Administrated Manager for assignment of a legal guardinary for assignment of a legal guardinary.	incident tial Director, licy on emented per ments of oDS will es for that practices meet the injuries, reco ropriate view ement is thorough, s. The evels and the Human the home is ple who are	10/10/07

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 124	informed of the cliedevelopmental and risks of treatment, a treatment, for one of included in the same. The findings included in the same. The findings included Observation of the administration on A 8:27 PM revealed Concluding Lithium Consuments of the administration on A significant aforementioned meaddress the client's Interview was conducted the client and required one of the consument of the client and required one to thours daily (4 hours daily (their legal guardian to be ant's medical condition, behavioral status, attendant and the right to refuse of the three clients (Client #2) aple. e: evening medication august 30, 2007 beginning at Client #2 received medications arbonate, Risperdal, and riew with the medication nurse on administration revealed the edications were used to behaviors. Sucted with the Qualified Mental sional (QMRP) via telephone at 8:10 AM. According the 2 was not capable of giving or the use of medications and and Additionally, the QMRP at #2 did not have involved eed of a legally appointed interview with the QMRP had a behavior support plan to one staffing supports 12 in the morning, 8 hours from a find and 11 AM - 7 PM on the less her behaviors. Review of on August 30, 2007 verified a Support Plan dated February incorporated the use of the	W 124			
	the time of the surve to provide evidence	e to one staffing supports. At rey, however, the facility failed that Client #2's treatment benefits and potential side				

AND PLAN C	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI	JLTIPLE CONSTRUCTION	(X3) DATE S COMPLE	
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W 124 W 149	effects associated right to refuse treat her and/or a legally 483.420(d)(1) STAI CLIENTS The facility must depolicies and proced	with the medications, and the ment, had been explained to authorized representative. FF TREATMENT OF evelop and implement written fures that prohibit	W 1			
	This STANDARD i Based on interview failed to establish a ensured the client's	s not met as evidenced by: and record review, the facility nd/or implement policies that health and safety, for one of ient #2) in the sample.				
	management policy certain notifications Review of unusual i 2007 at 9:17 AM review a. On August 8, 20 #2 became agitated and began to spit, of #1. The report furth bit Client #4 on his that Client #4 was to released and presci Further review of the only the residential clincident. Review of (DOH) incident man	to ensure its incident was implemented to make were made as outlined. Incident reports on August 30, wealed the following incidents: O7, staff reported that Client while on the residential van surse, scratch, and hit Client were documented that Client were documented that Client was notified antibiotic medications. It is incident report revealed that director was notified of the the Department of Health's agement intake documents and DOH was notified of the 0, 2007.		1. See response to W122. The QI notification protocol sheet, include contact information, in the home. All staff will be retrained on Care management policy and protocols.	ling accurate S incident book.	10/8/07

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 149	Client #2's left toe. report revealed that nurse was notified. incident was reported. c. On April 3, 2007 documented an alle Client #2. According message was left or representative of the physician's office. Imailroom personne revealed to be the high the clients and was them." It should be	O7, staff reported a sore on Further review of the incident conly the licensed practical. There was no evidence this ad to the Department of Health at 9:15 AM, an incident report egation of abuse involving g to the report, a phone in April 2, 2007 from a female of clients' primary care. The female reported that a license manager) being "evil" to "hitting, beating, and shoving noted that initially the report lients (Clients #1, #2, #4 and	W 149			
	#6) were involved; if Qualified Mental Re (QMRP) on August Client #2 was involved that incident report reveaus notified of the in 2007 at 6:00 PM. Interview was conducted that Residential Director Mental Retardation August 30, 2007 to at the facility's incident	nowever, interview with the tardation Professional 30, 2007 revealed that only led in the incident. It should to continued review of the aled the Department of Health incident via fax on April 3,				
	Health should be im all incidents that doc source, abuse, negle Review of the facility Policy on August 30,	mediately verbally notified of cument injuries of unknown ect and mistreatment. 's Incident Management, 2007 verified that serious require staff to immediately				

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NAME OF P	ROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CODE 613 TAYLOR STREET, NW VASHINGTON, DC 20011		<u>1/2007</u>
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W 149	call the Department survey, the facility facultined. 2. The facility failed incident management investigations. (Refer to 1 above) reports on August 3 the facility document and one injury of un of the incident report QMRP on August 3 failed to provide evitunknown source (Junknown source (Junknown source (Junknown source) (Junknown s	t of Health. At the time of the ailed to implement its policy as it to ensure implement its ent policy regarding. Review of unusual incident 10, 2007 at 9:17 AM revealed 11ed two allegations of abuse 12 known origin. Further review 12 and interview with the 12 and interview with the 13 and interview with the 14 and 15 and August 31, 2007 dence that the injury of 16 and 2007) were investigated. 17 y's incident management	W 149	2. See response to #1 above. The Do perform a monthly review to ensure the and the Incident Management Coordicomplying with Careco policy regard notification and thorough investigation	hat the QMRP nator are ing timely	10/8/07
	policy on August 30 serious reportable in by [the provider] bethe incident was with informed that the intime of the survey, the incident management management policy ensure investigations had be a serious field timeframe. (Refer to 1 above) I reports on August 3 an allegation of abuse revealed the investigation revealed the investigation of a serious management policy ensure investigation specified timeframe.	. 2007, revealed that "all necidents will be investigated ginning within 12 hours after nessed, discovered or being cident has occurred." At the he facility failed to ensure its int policy regarding conducting seen implemented. It o ensure its incident had been implemented to its were conducted within the		3. See response to #1 and #2 abov	- c.	16)8/07

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED. **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIFE STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW CARECO 10 WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) W 149 Continued From page 8 W 149 management policy on August 30, 2007, "all investigations for serious reportable incidents will be completed within 5 business days and forwarded to the Incident Management Coordinator." At the time of the survey, the facility failed to ensure its implement management policy was implemented as outlined. 4. The DoDS will review the Careco Incident The facility failed to ensure an incident. Management Policy and propose revisions that management policy had been implemented meet federal and local regulations as necessary to and/or developed to make certain that the Director of Operations. The DoDS will provide notifications and investigations of incidents training on policy revisions to the IMC, QMRP, coincided with requirements outlined in the 10/8/07 and home staff. federal regulations. Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed two incidents of alleged abuse and one injury of unknown source had been documented (Refer to 1 above). Further review of the incident reports failed to provide evidence that the administrator had been notified of the aforementioned incidents as required in the federal regulations §483,420(d)(2). Review of the facility's incident management policy on August 30, 2007 failed to provide evidence that reporting the aforementioned incident to the administrator was required. At the time of the survey, the facility failed to provide evidence that its incident management policy had been developed to coincide with federal requirements. (See also W153) W 153 483.420(d)(2) STAFF TREATMENT OF W 153 CLIENTS See response to W149 16/8/07

The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PRÓVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUİLDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW **CARECO 10** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) W 153 Continued From page 9 W 153 officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure all injuries of unknown source and allegations of abuse, were immediately reported to the administrator and to other officials in accordance with State Law (DC regulation 22 DCMR Chapter 35 Section 3519.10), for one of the three clients (Client #2) included in the sample. The findings include: Review of unusual incident reports on August 30, 2007 at 9:17 AM revealed the following incidents: a. On August 8, 2007, staff reported that Client #2 begame agitated while on the residential van and began to spit, curse, scratch, and hit Client #1. The report further documented that Client #2 bit Client #4 on his left arm. It should be noted that Client #4 was taken to the emergency room. released and prescribed antibiotic medications. b. On June 20, 2007, staff reported a sore on Client #2's left toe. c. On April 3, 2007, an incident report documented an allegation of abuse involving Client #2. According to the report, a phone message was left on April 2, 2007 from a female representative of the clients' primary care physician's office. The female reported that a mailroom personnel observed a woman (later

revealed to be the house manager) being "evil" to the clients and was "hitting, beating, and shoving

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB_</u>NO_0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW **CARECO 10** WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) W 153 Continued From page 10 W 153 them." It should be noted that initially the report indicated that four clients (Clients #1, #2, #4 and #6) were involved; however, interview with the Qualified Mental Retardation Professional (QMRP) on August 30, 2007 revealed that only Client #2 was involved in the incident. Further review of the aforementioned incident reports on August 30, 2007 failed to provide evidence that the incidents were immediately reported to the administrator and the Department of Health as required. 483.420(d)(3) STAFF TREATMENT OF W 154 W 154 **CLIENTS** 10/8/07 See response to W122 and W149 The facility must have evidence that all alleged violations are thoroughly investigated. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence that all allegations of abuse and injuries of unknown source were thoroughly investigated, for three of the three clients (Clients #1, #2, and #4) that resided in the facility The finding includes: 1. The DoDS will ensure that incidents, including 1. The facility failed to ensure required progress with investigations, are part of the investigations were conducted. standard agenda for standing program meetings. that the IMC will also attend, thus ensuring that (Refer to W149, 1) Review of unusual incident incidents are thoroughly investigated and reports on August 30, 2007 at 9:17 AM revealed appropriate follow up is completed. The weekly two allegations of abuse and one injury of nursing reports generated for the home will also list follow up for any incidents where people served unknown origin were reported. Further review of 10/8/07 the incident reports and interview with the were assessed for possible injury. Qualified Mental Retardation Professional

(QMRP) on August 30, 2007 and August 31,

DEPAR CENTE	TMENT OF HEALTH RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	_	;	FORM	: 09/14/2007 APPROVED . 0938-0391
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.W 154	allegation of abuse the injury of unknow 2007) were investig	de evidence that the (dated August 8, 2007) and n source (dated June 20.	W 15	2. The DoDS, the IMC and the Directo Operations will hold an Incident Mana meeting at least twice monthly. During	gement	
	2007 at 9:17 AM rev 3, 2007. According allegation of abuse female representative physician's office. If the abserved a woman house manager) be was "hitting, beating should be noted that that four clients (Clients) (C	ncident reports on August 30, realed an incident dated April to the incident report an had been reported by a re of the clients' primary care. The message left by the transition and clater revealed to be the ing "evil" to the clients and and shoving them." It initially the report indicated ents #1, #2, #4 and #6) were interview with the Qualified Professional (QMRP) on realed that only Client #2 was ent.		meeting each incident on the agenda we thoroughly discussed and the investigative reviewed. If additional questions arise, additional evidence comes to light during review meeting, even if the concerns or becomes known after the investigation is submitted, the IMC will prepare amendence on the agent are forwarded to all authoristicities in accordance with Careco's proceeding the submitted of the accordance with Careco's proceeding the accorda	ill be from will be or if ag the evidence has been ments and	12/8/07
	April 12; 2007 on Au 2007 revealed witne from staff members Review of the staten	sponding investigation dated gust 30, 2007 and August 31, ss statements were received involved in the incident, nents revealed information by with the investigative report	•			
	statement (the driver he/she transported to "six clients on a med Additionally, the state	review of the staff member's) dated April 11, 2007, he residential director and lical appointment). ement revealed that the esidential director with	·			-

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NAME OF P	ROVIDER OR SUPPLIER			16	EET ADDRESS, CITY, STATE, ZIP CODE 513 TAYLOR STREET, NW /ASHINGTON, DC 20011		31/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
W 154	Review of the invest revealed that the driver one client that would residential director a doctor's office. It show mention of the si Interview was conducted was conducted with the conducted of	tigative report however, iver remained on the van with d not leave the van, while the assisted the four clients to the hould be noted that there was ath client in the investigation acted with the Incident linator (IMC) via telephone on at approximately 10:30 AM ere in fact six clients on the mained on the van with the the IMC was interviewed to a regarding who remained on two clients that remained on ver and the residential or clients to the doctor's office igative report failed to provide or the open and the residential or clients to the doctor's office igative report failed to provide or the open and the residential or clients to the doctor's office igative report failed to provide or the open and the residential or clients to the doctor's office igative report failed to provide or the open and the residential or clients to the doctor's office igative report failed to provide or the open and the residential or clients to the doctor's office or the open and the residential or clients to the doctor's office or the open and the residential or clients to the doctor's office or the open and the residential or clients to the doctor's office or the open and the residential or clients to the open and the residential or clients the open and the residentia	W 1	54			
	corresponding inves left a message regarance According to the IMC report, the incident was not Continued review of interview with the IM that the initial persor had been interviewed.	interview with the IMC and					
].	person reported the : that worked in the cli	gation report, the mailroom abuse to a representative ents' primary care urther interview revealed that			. •		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING				(X3) DATE SURVEY COMPLETED	
	_	09G167	B, WIN	G		08/	31/2007
CARECC	ROMDER OR SUPPLIER		-	1613 TAYLOR	S, CITY, STATE, ZIP CO STREET, NW DN, DC 20011		<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	· ID PREFI TAG	(EACH	OVIDER'S PLAN OF COR H CORRECTIVE ACTION REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 154	the primary care plantestigation and in provide evidence of the the alleged injured evaluated by the particular was award been interview. At the time of survethorough investigation incident had been 483.420(d)(4) STACLIENTS The results of all into the administration or to other officials within five working	orted while the clients were in hysician's office. Review of the nterview with the IMC failed to hat documented whether or not any to Client #2's arm was rimary care physician. was no indication that the re of the abuse or if he/she red as a result of the allegation. By, the facility failed to ensure a tion of the aforementioned conducted. FF TREATMENT OF INVESTIGATIONS MUST be reported or or designated representative in accordance with State law days of the incident.	W 1	56	nse to WI22, WI49, a	and WI54,)=]10 N
	Based on interview failed to ensure that to the administrato within five working the three clients (C sample. The finding include [Cross Refer W149 reports on August 3 an allegation of above Review of the correrevealed the invest 2007. The Qualifie	is not met as evidenced by: r and record review, the facility at investigations were reported r or designated representative days of the incident, for one of lient #2) included in the s: If Review of unusual incident 30, 2007 at 9:17 AM revealed use dated April 3, 2007. Esponding investigation igation was dated April 12, d Mental Retardation P) was interviewed to					•.

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW CARECO 10 WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) W 156 Continued From page 14 W 156 ascertain information about the length of time the provider allows for an investigation. According to the QMRP, investigations were to be completed within five working days. At the time of the survey, the facility failed to ensure that the results of required investigations had been reported to the administrator or designee in accordance with the regulation. W 159 483.430(a) QUALIFIED MENTAL W 159 RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observations, interviews, and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure that each client (#1, #3)received the recommended active treatment services to meet their needs. The findings include: 1. The QMRP failed to ensure continuous active 1. See response to W249 10/10/07 treatment services. (See W249) 2. The QMRP failed to ensure Client #1's 2. See response to W257 individual program plan was revised after the client failed to progress with the identified

FORM CMS-2567(02-99) Previous Versions Obsolete

monitored.

objectives. (See W257)

3. The QMRP failed to that the Client #3's day

4. The QMRP failed to provide evidence that the

program met his needs. (See W120)

clients' formal program objectives were

Event ID: RBBR11

Facility ID: 09G167

3. Sec response to W120

approval by the IDT.

4. The DoDS will provide technical and clerical

support to the QMRP so that monthly notes are

completed timely, per Careco's policy. The DoDS

will track ISP annual meetings to ensure that the

QMICP initiates new programs within 10 days of

If continuation sheet Page 15 of 42

10/10/07

PRINTED: 09/14/2007

		I AND HUMAN SERVICES			FORM): 09/14/200° /I APPROVEI
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING	COMPL	ETED.
		09G167	B. WING		NR!	31/2007
NAME OF	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		<u> </u>
CAREC	O 10			1613 TAYLOR STREET, NW WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD RE	(X5) COMPLETION DATE
W 159	Continued From pa	ge 15	W 15	9		
	Professional (QMR) record on August 3 an Individual Suppo	tualified Mental Retardation P) and review of Client #3' s 1, 2007 revealed Client #3 had int Plan (ISP) in his record 16 that was outdated.				ι
•	According to the QN meeting on August comprehensive doc completed. Further record review revea objectives recomme	MRP, Client #3 had an ISP			·	
	Continued interview Client #3' s record of that documented the formal program object available notes in Client #2007. Interview with according to the fact notes were to be comonth. It should be 's record also revea not been completed Furthermore, review revealed her ISP was time of the survey, til	with the QMRP and review of evealed QMRP monthly notes e client 's progress with his ectives. Review of the saled that there were no ent #3 's record after March in the QMRP revealed that illity policy, QMRP monthly mpleted by the 10th of every noted that review of Client #2 alled that QMRP monthlies had after March 2007, of Client #2's record as dated April 25, 2007. At the ne facility failed to provide				
W 186	evidence of the morprogram objectives, 483.430(d)(1-2) DIR The facility must prostaff to manage and accordance with the Direct care staff are	itoring of the clients 'formal ECT CARE STAFF vide sufficient direct care	W 186	Home staffing schedules will be submered weekly basis to the DoDS, who will with the QMRP and the Human Reso Department to recruit and train appropersonnel and ensure the home is propersonnel.	coordinate urces	10/10/07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,		09G167	B. WING_		08/3	1/2007
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CO 1613 TAYLOR STREET, NW WASHINGTON, DC 20011		
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W 186		ined residential living unit.	W 186			
	Based on interview failed to ensure su	is not met as evidenced by: and record review, the facility afficient staffing was provided and abuse, for one of six the sample.				
	The finding include	s: .				
	reports on August 3 an incident dated A the alleged abuse of corresponding inve	Review of unusual incident 30, 2007 at 9:17 AM revealed pril 3, 2007 that documented of Client #2. Review of the stigation dated April 12, 2007				
	on August 30, 2007 revealed witness st staff members invo to the review of one statement (the driven he/she transported "six clients on a me Additionally, the statement assisted the	and August 31, 2007 ratements were received from blved in the incident. According to of the staff member's er) dated April 11, 2007, the residential director and edical appointment). attement revealed that the residential director with tents off the van and to the				
	hospital doors. Review of the investevealed that the di	itigative report however, iver remained on the van with d not leave the van, while the				ę
	residential director doctor's office. It sl no mention of the s Interview was cond Management Coord September 6, 2007 that verified there w	assisted the four clients to the hould be noted that there was ixth client in the investigation. ucted with the Incident dinator (IMC) via telephone on at approximately 10:30 AM were in fact six clients on the emained on the van with the			·	

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	09/14/2007 APPROVED 0938-0391
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SI COMPLE	URVEY
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NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CARECO) 10		1613 TAYLOR STREET, NW WASHINGTON, DC 20011				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
	ascertain information the van to assist the the van while the drawn while the drawn while the drawn while the invessed of the translable to monitor clients that remaine 483.430(e)(1) STAFT The facility must promite the facility must promite the facility must promite the facility must promite facility and compared to perform the finding includes (Refer to W154, 2) is reported to the incident dated Apthe alleged abuse of the incident report accorresponding invessions manager was abuser. Although increvealed that staff he protocol after the incident report accorresponding invessions after the incident facility in the incident facility in the protocol after the incident facility	the IMC was interviewed to an regarding who remained on the regarding who remained on the two clients that remained on the and the residential or clients to the doctor's office, tigative report failed to provide orementioned issue had been time of the survey, the facility dence that the were staff /provide supervision to the don the van. F TRAINING PROGRAM Evide each employee with graining that enables the mis or her duties effectively, betently. Is not met as evidenced by: and record review, the facility each employee was provided nuing training that enabled the his or her duties effectively, betently. Review of unusual incident of client #2. Further review of and review of the tigation revealed that the tidentified as the alleged terview with the QMRP eve been trained on staffing eldent occurred, there was no staffing eldent occurred.	W			an effective an ability nee with	10/10/07
	protocol after the inc	cility's previous house					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SI COMPLE	
	-	09G167	B. WING	i	08/3	1/2007
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 189	manager (who wareceived effectively abuse/neglect prio 483.440 ACTIVE 1 The facility must entreatment services This CONDITION Based on observareview, the facility active treatment seensure the accurate documentation of (See W252); failed individual program client failed to program client failed to program client failed to make reviof the objectives (See W comprehensive fur been completed and failed to make reviof the objectives from W260), and failed administer their own. The effects of these the failure of	s responsible for staffing) had a trained in the domain of a to the incident. TREATMENT SERVICES assure that specific active requirements are met. Is not met as evidenced by: Ition, interview and record failed to ensure continuous ervices (See W249); failed to the and consistent each client's formal programs to ensure each clients plan was revised after the press with the identified (257), failed to ensure that anctional assessments had and/or updated (See W259), sions or to justify the repetition on the previous year (See to ensure clients were taught to an ensure clients were taught to an ensure the delivery of eatment services. VIDUAL PROGRAM PLAN extient, his or her parent (if the or the client's legal guardian is a participation is unobtainable.	W 18	The DoDS will provide guidance an QMRP by reviewing each comprehe functional assessment for accuracy, and timeliness. The DoDS will assist develop active treatment programs of days to ensure that the QMRP is procapitalizing on learning opportunities who live in the home. The DoDS will write to assist the person in strengthening inceded skills for more independent a living. The QMRP will provide evid DoDS of the monthly review and ans success of each program for each per DoDS will work with the QMRP to a programs proving to be unsuccessful productive are revised, discontinued, The DoDS, the RN Supervisor and the ensure each person is assessed for sel and that appropriate programming is monitored monthly for progress. See W120 and W249,	thoroughness at the QMRP to ver the next 90 ducing and a for people ill assist the sessment for appropriate and/or gaining and dignified lence to the alysis of the consure that or non-or replaced, the QMRP will affectioned and developed and developed and	
FORM CMS-25	This STANDARD 67(02-99) Previous Versions	is not met as evidenced by: S Obsoleta Event ID: RBBR11		Facility ID: 09G167	tinustion chact	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G167	B. WING		08/31/2007	
NAME OF P	ROVIDER OR SUPPLIER	!	s	TREET ADDRESS, CITY, STATE, ZIP COD 1613 TAYLOR STREET, NW WASHINGTON, DC 20011		1/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A The QMRP will send an invitation t	PPROPRIATE	(X5) COMPLETION DATE
W 249	attendance records participation of clier Individual Support Individua	and review of meeting the facility failed to ensure the at #1 and/or her family in the Plan (ISP) meetings. S: 1's clinical records was est 31, 2007 at 12:10 PM. as not included as being in are-ISP. Although the ISP did at's sister "provides consent for was no evidence that the even invited to prepare the plan for their family member. GRAM IMPLEMENTATION rdisciplinary team has individual program plan, ceive a continuous active consisting of needed ervices in sufficient number apport the achievement of the I in the individual program s not met as evidenced by: on, interview, and record ailed to ensure that each client active treatment services, for ients (Clients #1, #2, and #3) ple.	W 24	family and/or legal guardian inviting attendance at the annual pre-ISP and reminder notice will be sent 30 days planned meetings, and will be follow telephone reminders one week prior. As there are legal requirements that meeting be held by a date certain the designated the anniversary, if people members or guardians indicate that able to attend, the QMRP will forware recommendations in writing and recapproval or disagreement with goals rest of the tea, to be included with it formal record. If a person cannot at own meeting due to some emergence QMRP will inform the team and the judge of Family Court, and the sitting at the earliest possible days.	their ISP. A prior to the yed by to the meeting. the ISP at has been es family they will not be rd uest signed ratified by the ac person's tend his or her y situation, the presiding g magistrate reschedule the	10/10/07
	A. The facility failed continuous opportui	d to provide client #1 with nities for learning as detailed				

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW **CARECO 10** WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAĢ DATE **DEFICIENCY**) W 249 Continued From page 20 W 249 below. A1. The DoDS will review the person's active 1. Client #1 was observed at the group home treatment program with the OMRP. The DoDS and from 3:30 PM to 7:17 PM. QMRP will ensure the program plans are appropriate and timely for the person, and will 3:30 PM - Client #1 was was observed talking confirm this by completing individual functional with the staff and complaining of her day and assessments on the programs. The DoDS and OMRP will determine the appropriate frequency instructor; for implementation, and will train staff to implement and document the program. The QMRP 3:55 PM - Client #1 left the living room where she will monitor the staff's implementation of the had been seated and exited independently 10/10/07 programs at least 2 times weekly. stating that she was going to see her show in her bedroom. Client #1 was in her bedroom for approximately five minutes and then was observed going to the closet near the front entrance and retrieving a comb and hair pic. 4:30 PM - Client #1 was observed coming from the bathroom with her robe on. She stated that she had taken a shower. She stated that she did not require assistance. This was confirmed during other staff interviews. Client #1 returned the items that she retrieved from the closet and sat back on the sofa: 5:18 PM - Client #1 was observed conversing and making complaints to others about her day. The staff acknowledged the client's concerns and then offered the client an opportunity to do her laundry. Client #1 stated that she would do laundry later. The client remained seated on the sofa: 6:00 PM - Client #1 was observed eating dinner independently. Following dinner, the client removed her plate and utensils to the kitchen sink:

the other clients; and

6:30 PM - Client #1 was observed dancing with

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		09G167	B. WIN	G	08/3	1/2007
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TÉMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 249	Continued From pa	ge 21	W 2	49		
	6:55 PM - Client #1 staff as she continu her day.	was observed talking with ed to make complaints about				
;	(IPPs) reflected a fr	s individual program plans equency of implementation to rams were not observed to be en opportunities.				
	According to Clie treatment schedule scheduled:	ent #1's "individualized" active , the following activities were		A2. See response to #1 above		10/10/07
	do her laundry or be	k; if not desired the client may e assisted with her training ify coins, use telephone);				·
	Note: Staff asked (she elected not to; l options presented a	Client #1 to do her laundry and nowever, there were no other it the time;				
	5:30 PM - To engag keep her busy. Stra activator to her hair	e client in other activities to aighten her room, apply etc.;				
	6-6:30 PM - To eat to use fork, spoon,	dinner and to remind the client and knife;				
	6:45 PM - To clean table;	and remove dishes from the				
	choose to listen to n	in choosing activities; may nusic, play her keyboard, ic or books on tape, etc.;				
	8:00 PM - To get me getting her cup of w	edications and assist in ater for medications.				
OPM CMS 65	67/02-001 Previous Versions	~				

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW CARECO 10 WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY W 249 Continued From page 22 W 249 Client #1's program documentation reviewed, on August 31, 2007 at approximately 12:10 PM, A3. See response to A1 above. The DoDS will assist the QMRP to review and revise unsuccessful revealed that the individual program plans (IPPs) 10/10/07 programs. that were established by the interdisciplinary team for the April 2007 individual support plan were continued from the previous ISP held in 2006. The review of the QMRP notes dated back to October 2006 reflected unsuccessful achievements of these objectives. The Qualified Mental Retardation Professional failed to revise these programs that were not successfully achieved by client #1. (Refer to W257) 4. During dinner observation conducted on August 30, 2007, at 6:00 PM, the staff asked A4. See responses to A1 and A3 above. 10/0/07 Client #1 if she would like her meat cut. The meat was cut in the kitchen by the staff. The facility failed to provide Client #1 the opportunity to learn to cut her meat and subsequently increase independence with her meals. B. The QMRP will meet with the Designated B. The facility failed to ensure clients were given 10/10/07 Nurse, RN Supervisor, and QMRP will train staff the opportunity to participate in their self to implement and document their self-medication medication programs. programming. Observation of the evening medication administration on August 30, 2007 beginning at 8:13 PM revealed Clients #1, #2 and #3 were given medications by the licensed practical nurse on duty. The nurse was observed to punch the medications from the bubble packs and give the medications to the clients. Direct care staff was observed to bring each client a cup of water for the client to drink with their medications.

Review of Client #2 's record on August 30, 2007

administration assessment dated April 2, 2007. According to the assessment, a recommendation

at 7:58 PM revealed a self medication

	ITATEMENT OF DÉFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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CARECO	PROVIDER OR SUPPLIER 10 10			10	REET ADDRESS, CITY, STATE, ZIP CODE 613 TAYLOR STREET, NW VASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID P REF I TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
W 249	program that require verbal prompts. Re August 31, 2007, at nursing assessment assessment indicat participate in his se obtaining his water cabinet and remove prompts. Additiona on August 30, 2007 Individual Program 2006. The plan doc #3 to complete the straightful be further Qualified Mental Re August 31, 2007, at was to get her own her medications. A facility failed to ensi	at #2 to participate in a red her to obtain her water with eview of Client #3's record on to 2:48 PM revealed the client's at dated June 13, 2007. The red that Client #3 was to elf medication regimen by and opening the medication with verbal at review of Client #3's record at 3:51 PM revealed an Plan (IPP) dated August 1, cumented a program for Client steps for taking his vitamins. The professional on to 1:15 PM, revealed Client #1 water in preparation for taking at the time of the survey, the ure Clients #1, #2 and #3 were by to participate with their self	W	249			
	given the opportunit	to ensure Client #3 was ty to participate in his newly nal program objectives. (See			C. See responses to A1-4 above. See r W159 and W209	esponse to	10/10/07
	Retardation Profess Client #3 's record of Client #3 had an Inc his record dated Au outdated. According an ISP meeting on a comprehensive doc completed. Further	sional (QMRP) and review of on August 31, 2007 revealed dividual Support Plan (ISP) in Igust 1, 2006 that was g to the QMRP, Client #3 had August 8, 2007 but the cument had not been interview with the QMRP had the following new program			D. See response to C above		<i>10 </i> 7 <i>0</i> <i>0</i> /

STATEMEN AND PLAN (TATEMENT OF DEFICIENCIÉS (X1) PROVIDER/SU ND PLAN OF CORRECTION IDENTIFICATIO		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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CARECO	ROVIDER OR SUPPLIER		16	EET ADDRESS, CITY, STATE, ZIP CODE 13 TAYLOR STREET, NW ASHINGTON, DC 20011		
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W 249	Continued From p	age 24	W 249			·
	ADL task daily or Given touch phousehold chore of months. Given physical complete a puzzle per month for 6 minus for	orompts, Client #3 will answer using his communication				
	programs had not	been implemented.		·		
	E. The facility fails Client #2's money implemented time!	ed to provide evidence that management program was y-		E. See response to C above	<u>-</u> .	10/10/07 ·
	revealed the client on April 25, 2007. recommended for the upcoming year program objective recognize a one do Interview with the C Client #2's record to	2's records on August 31, 2007 had her annual ISP meeting At that time programs were the client to participate with for . One of the recommended for Client #2 required her to blar bill and a five dollar bill. QMRP and further review of failed to provide evidence that een implemented before				
	program objectives	d to ensure Client #3 's new scheduled to be implemented was implemented.		F. See response to C above and W120	-	10/10/07
	August 30, 2007 be	ent #3 's day program on eginning at 12:35 PM revealed nce studio listening to music	,		-	
RM CMS-25	7(02-89) Previous Versions	2 Obsolete Event ID: PRRP11	<u>-</u> -	LID ODGOT		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 249	and intermittently dipeers. Interview wa Activities Coordinated regarding some of the learning white at the coordinator, Client of Program Plan (IPP) 2007. The plan docincluding the following the following the following complete 100% interactive computed Continued interview of Client #3' revealed, the client 2007 IPP had not be of the survey, the fat's was given the opens.	ancing with staff and his as conducted with the or to ascertain information the things the Client #3 was a program. According to the #3 had a new Individual developed on August 7, cumented program objectives	W 2	249			
W 252	program. 483.440(e)(1) PROD Data relative to acc specified in client in objectives must be terms. This STANDARD is Based on interview failed to ensure data accomplishment of client's individual pdocumented in mea	GRAM DOCUMENTATION omplishment of the criteria dividual program plan documented in measurable a not met as evidenced by; and record review, the facility	W 2	252	The DoDS will review IPPs and data methods with the QMRP. The DoDS the data collection bi-weekly at the hominimum of three months to ensure the understand requirements for data colledocument data as planned and directed QMRP.	will review one for a eat staff ection, and	19/10/07
COM CNC **	87/02-00) Decident Version						

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATÉ SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW CARECO 10 WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 1D (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAĢ CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 252 Continued From page 26 W 252 The finding includes: (Cross Refer W249) Review of Client #3's record on August 31, 2007 at 4:04 PM revealed the client had been participating with the following formal program objectives during the past year: - Given physical assistance. Client #3 will mail a card to his father on monthly sessions for six Consecutive months. - Given verbal prompts, Client #3 will master the steps of brushing his teeth for three consecutive months. Given verbal prompts, Client #3 will complete the steps of taking his vitamin on all trials per month for three months. - Given verbal prompts, Client #3 will pass out snacks to named peers on 80 % of the trials for three months - Client #3 will independently complete the steps of post-toileting skills on 80% of trials per month for three months. Client #3 will independently clear his place after the dinner meal daily sessions for 30 days. Further review of the client's record revealed there was no data available for review for the months of April, May, and June 2007. The Qualified Mental Retardation Professional (QMRP) was interviewed on August 31, 2007, to ascertain information about the location of the missing data. At the time of survey however, the QMRP failed to provide evidence of the missing

data collection records for Client #3

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW **CARECO 10** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ťĎ (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) W 257 483.440(f)(1)(iii) PROGRAM MONITORING & W 257 CHANGE See responses to W195, W209, W249, and W252 ΓοΙοίοΙ The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made This STANDARD is not met as evidenced by: Based on interview and record review, the Qualified Mental Retardation Professional (QMRP) failed to ensure each clients individual program plan was revised after the client failed to progress with the identified objectives, for one of the three clients (Client #1) included in the sample. The finding includes: The QMRP failed to revise client #1's programs as performance measures reflected a lack of progress. Client #1's documentation and individual program plans were reviewed on August 31, 2007 at 12:30 PM and August 30, 2007 at 1:10 PM. 1. According to client #1's IPP that was reviewed on August 30, 2007, at 1:10 PM, the client had an objective that read "Will correctly identify \$1 and \$5 by touch 80% of the trials. Review of the program data revealed that client #1 performed at 0% with verbal prompting and physical assistance from November 2006 through March 2007. The IPP reflected that the client continued this objective in the April 2007's individual support plan. The objective was reimplemented without revisions. The documentation for the months of

		AND HUMAN SERVICES & MEDICAID SERVICES			·	FORM	: 09/14/2007 APPROVED . 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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W 257	May 2007 through a lack of criterion level 2. Client #1's IPP re	luly 2007 reflected a continued attainment.	VV 2	257			
	keypad 80% of the and an adaptive telesheet for this progras sandwich. The May documentation reveas requiring physical prompts. Review of December 2006 that client #1 performed that client #1 performed by the control of the control	aled the client's performance all assistance and fading verbal the QMRP's notes from bugh March 2007 reflected med at 0% of the criterion ebruary 2007, "the telephone					
W 259	measure water with trials. May and July client performed bel verbal prompt and p There was no June program. According QMRP, client #1 pel 2006 through March 483.440(f)(2) PROGCHANGE At least annually, the assessment of each the interdisciplinary is updated as needed. This STANDARD is Based on staff interview.	e comprehensive functional client must be reviewed by team for relevancy and not met as evidenced by:	W 2	59	See responses to W195, and W209, W24 W252. The DoDS will track the develop ISP document and IPPs. The ISP document submitted to the Department on Disability and the final approved document will be each person's record according to DDS poods will follow up with the QMRP to new IPPs are implemented within 10 do ISP team adopting them.	ment of the nent will be ty Services, placed in policy. The	(4/0/07
	facility failed to ensu functional assessme	re that comprehensive ints had been completed ne of the three clients (Client			•		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII	JLTIPLE CONSTRUCTION DING	(X3) DATE S COMPLE	
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W 259	Professional (QMR record on August 3 Client #3's annual I meeting was held of the ISP in the record August 1, 2006. Fut ascertain information (dated August 7, 20 the plan had not be objectives recomme implemented. At the	sample.	W 2		CIENCY)	
W 260	ISP had been comprequired. 483.440(f)(2) PROCCHANGE At least annually, through the revised, as process set forth in This STANDARD is Based on review of plans (IPPs), the intrailed to make revise of the objectives from	GRAM MONITORING & The individual program plan is appropriate, repeating the paragraph (c) of this section. Is not met as evidenced by: I clients individual program terdisciplinary team (IDT) isions or to justify the repetition orn the previous year, for one (Client #1) included in the	.W2	The QMRP will submit no assessments supporting no The DoDS will review the QMRP will present the no next quarterly once they a QMRP will implement the days of their formulation.	ew IPPs for each person. c new IPPs, and the cw IPPs to the IDT for the ure formulated. The e new IPPs within ten	10/10/07
-OBM Chris	(Cross refer to W25	57) Client #1's assessments, tation were reviewed on				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 260	August 30 and 31, client #1's individua	age 30 , 2007. The IPPs identified in lal support plan (ISP) dated ontinued from the previous ISP	W 260			
W 263	criterions and objectives during the plan meeting. 483.440(f)(3)(ii) PECHANGE The committee shours are conducted only	eflected that these program ectives were not revised. There ation of interdisciplinary team ontinuation of the same the April 2007 individual support ROGRAM MONITORING & could insure that these programs with the written informed nt, parents (if the client is a ardian.	W 263	The QMRP will obtain written inform from people or their families and prethe HRC. The HRC will review the unformed consents as part of the procapproval/disapproval of any restrictive	sent copies to written less of	10/10/07
	Based on observation review, the facility's (HRC) failed to ensigned had been obtained legal guardian for the					
	Observation of the administration on A 8:27 PM revealed 0 including Lithium Cabapentin. Interventing the medication	evening medication August 30, 2007 beginning at Client #2 received medications Carbonate, Risperdal, and view with the medication nurse ion administration revealed the edications were used to				

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/14/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW CAREÇO 10 WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 263 Continued From page 31 W 263 Interview was conducted with the Qualified Mental Retardation Professional (QMRP) via telephone on August 30, 2007 at 8:10 AM. According the the QMRP, Client #2 was not capable of giving informed consent for the use of medications and habilitation services. Additionally, the QMRP revealed that Client #2 did not have involved family and was in need of a legally appointed guardian. Further interview with the QMRP revealed the client had a behavior support plan and required one to one staffing supports 12 hours daily (4 hours in the morning, 8 hours from 3-11 PM weekdays, and 11 AM - 7 PM on the weekends) to address her behaviors. Review of Client #2's records on August 30, 2007 verified the clients Behavior Support Plan dated February 10, 2007. The plan incorporated the use of the aforementioned one to one staffing supports. At the time of the survey, the facility failed to provide evidence that its Human Rights Committee had obtained written informed consent for the use of Client #2's behavior support plan. [See also W124] W 264 483.440(f)(3)(iii) PROGRAM MONITORING & W 264 CHANGE The DaDS will provide the process for the HRC voting members to review and approve changes in 10/01/07 The committee should review, monitor and make restrictive treatments, such as medications. The suggestions to the facility about its practices and voting members of the HRC are the parents of adult programs as they relate to drug usage, physical children with developmental disabilities and restraints, time-out rooms, application of painful behavioral health concerns who live at home, and a retired DD professional who is not associated with or noxious stimuli, control of inappropriate Carcco. behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.

This STANDARD is not met as evidenced by:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUIL	LDING		(X3) DATE SURVEY COMPLETED		
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Based on observate review, the facility of its Human Rights Commonitored and made facility's practice of clients psychotropic approval, for one of included in the same The finding included Observation of the administration on A 8:27 PM revealed Commonity including Lithium Commonity in the medicating the medicating aforementioned medical including the medical i	tion, interview and record failed to provide evidence that Committee (HRC) thoroughly de suggestions about the fincreasing and administering ic medications prior to the HRC of the three clients (Client #2) mple. es: evening medication August 30, 2007 beginning at Client #2 received medications Carbonate, Risperdal, and view with the medication nurse ion administration revealed the edications were used to	. W 2	64				
2007 revealed a wrollent's medication mg on June 20, 200 client's record (Medication on Lieuthe medication on Mental Retardation interviewed on Auginformation about the facility to ensure the protected, prior to a mg. It should be not the QMRP revealed capable of giving in legally appointed guidecision making in the control of the con	ritten order that indicated the was increased to Risperdal 2 07. Further review of the dication Administration Record) lient received her first dose of June 23, 2007. The Qualified Professional (QMRP) was just 31, 2007 to ascertain he process utilized by the e client's rights were being administering the Risperdal 2 oted that prior interview with d that the client was not utilized consent and had no utardian to assist her with that regard (See also W124).						
	SUMMARY STA (EACH DEFICIENCE REGULATORY OR I. Continued From pa Based on observat review, the facility to its Human Rights Commonitored and made facility's practice of clients psychotropical approval, for one of included in the same. The finding included. Observation of the administration on A 8:27 PM revealed Commonity in the medication of the address the client's second (Medical Second Commonity in the medication of the commonity in the medication of the medi	PROVIDER OR SUPPLIER D 10 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 Based on observation, interview and record review, the facility failed to provide evidence that its Human Rights Committee (HRC) thoroughly monitored and made suggestions about the facility's practice of increasing and administering clients psychotropic medications prior to the HRC approval, for one of the three clients (Client #2) included in the sample. The finding includes: Observation of the evening medication administration on August 30, 2007 beginning at 8:27 PM revealed Client #2 received medications including Lithium Carbonate, Risperdal, and Gabapentin. Interview with the medication nurse during the medication administration revealed the aforementioned medications were used to address the client's behaviors. Review of the Client #2's record on August 30, 2007 revealed a written order that indicated the client's medication was increased to Risperdal 2 mg on June 20, 2007. Further review of the client's record (Medication Administration Record) revealed that the client received her first dose of the medication on June 23, 2007. The Qualified Mental Retardation Professional (QMRP) was interviewed on August 31, 2007 to ascertain information about the process utilized by the facility to ensure the client's rights were being protected, prior to administering the Risperdal 2 mg. It should be noted that prior interview with the QMRP revealed that the client was not capable of giving informed consent and had no legally appointed guardian to assist her with decision making in that regard (See also W124).	PROVIDER OR SUPPLIER 210 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 32 Based on observation, interview and record review, the facility failed to provide evidence that its Human Rights Committee (HRC) thoroughly monitored and made suggestions about the facility's practice of increasing and administering clients psychotropic medications prior to the HRC approval, for one of the three clients (Client #2) included in the sample. The finding includes: Observation of the evening medication administration on August 30, 2007 beginning at 8:27 PM revealed Client #2 received medications including Lithium Carbonate, Risperdal, and Gabapentin. Interview with the medication nurse during the medication administration revealed the aforementioned medications were used to address the client's behaviors. Review of the Client #2's record on August 30, 2007 revealed a written order that indicated the client's medication on June 23, 2007. The Qualified Mental Retardation Professional (QMIRP) was interviewed on August 31, 2007 to ascertain information about the process utilized by the facility to ensure the client's rights were being protected, prior to administraing the Risperdal 2 mg. It should be noted that prior interview with the QMRP revealed that the client was not capable of giving informed consent and had no legally appointed guardian to assist her with decision making in that regard (See also W124).	PROVIDER OR SUPPLIER D 10 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISE UPINTIFYING INFORMATION). Continued From page 32 Based on observation, interview and record review, the facility failed to provide evidence that its Human Rights Committee (HRC) thoroughly monitored and made suggestions about the facility's practice of increasing and administering dients psychotropic medications prior to the HRC approval, for one of the three clients (Client #2) included in the sample. The finding includes: Observation of the evening medication administration on August 30, 2007 beginning at 8:27 PM revealed Client #2 received medications including Lithium Carbonate, Risperdal, and Cabapentin. Interview with the medication nurse during the medication administration revealed the aforementioned medications were used to address the client's Personal and includes of the medication was increased to Risperdal 2 ring on June 20, 2007. Further review of the client's medication vas increased to Risperdal 2 ring on June 20, 2007. Further review of the client's record (Medication Administration Record) revealed that the client received her first dose of the medication on June 23, 2007. The Qualified Mental Retardation Professional (QMIRP) was interviewed on August 31, 2007 to ascertain information about the process utilized by the facility to ensure the client's rights were being profected, prior to administering the Risperdal 2 ring. It should be noted that prior interview with the QMRP revealed that the client was not capable of giving informed consent and had no legally appointed guardian to assist her with decision making in that regard (See also W124).	PROVIDER OR SUPPLIER D 10 STREET ADDRESS, CITY, STATE, ZIP CODE 1813 TAYLOR STREET, NW WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (PACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR IS CO ENTIFYING INFORMATION) CONTINUED From page 32 Based on observation, interview and record review, the facility falled to provide evidence that its Human Rights Committee (HRC) thoroughly monitored and made suggestions about the facility spractice of increasing and administering clients psychotropic medications prior to the HRC approval, for one of the three clients (Client #2) included in the sample. The finding includes: Observation of the evening medication administration on August 30, 2007 beginning at 8:27 PM revealed Client #2 received medications including Lithium Carbonate, Risperdal, and Gabapentin. Interview with the medication nurse during the medication administration revealed the aforementioned medications were used to address the client #2's record on August 30, 2007 revealed a written order that indicated the client's record (Medication Administration Record) revealed that the client received her first dose of the medication on June 23, 2007. The Qualified Mental Retardation Professional (QMRP) was interviewed on August 31, 2007 to secretain information about the process utilized by the facility to ensure the client's rights were being protected, prior to administering the Risperdal 2 mg. It should be noted that prior interview with the QMRP revealed hat the client was not capable of giving informed consent and had no logally appointed guardian to assist her with decision making in that regard (See also W124).	

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B, WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW **CARECO 10** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAĠ CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) W 264 Continued From page 33 W 264 discuss such matters and make their decision. The QMRP was further quened to ascertain if the HRC had met to discuss Client #2's increase in her psychotropic medication. The QMRP revealed that a telephone approval had been obtained from the HRC to increase the medication. The QMRP further revealed that only two people were a part of the telephone conference, the QMRP and a community representative. Upon the community representatives approval, the medication was increased. Review of the client's records on August 31, 2007 revealed a form entitled, "Human Rights Committee Telephone Approval" dated June 21. 2007. There were two signatures documented on the form, one was the QMRP's and the other belonged to the co-chairperson. There was no evidence that documented the telephone discussion with the community representative. Further interview with the QMRP revealed that a full HRC meeting was held on June 28, 2007. At the time of the survey, the facility failed to provide evidence that the HRC met and reviewed the practice of obtaining telephone approval for Client #2's increase in Risperdal and failed to ensure her rights were protected.

FORM CMS-2567(02-99) Previous Versions Obsolete

general medical care.

483.460(a)(3) PHYSICIAN SERVICES

The facility must provide or obtain preventive and

This STANDARD is not met as evidenced by: Based on medical records review and interview with the nurse, the facility failed to assure that client #1 was provided timely preventive and

W 322

Event ID: RBBR11

Facility ID: 09G167

W 322

If continuation sheet Page 34 of 42

PRINTED: 09/14/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G167 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW **CARECO 10** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 322 Continued From page 34 W 322 general medical assessments as recommended. The finding includes: 1 1. According to the medical record for client #1 that was reviewed on August 30, 2007 at 10:15 1. The QMRP will follow up with the Case AM, the GYN consultation document dated Manager on assignment of a medical guardian for December 7, 2005 indicated that the client was 10/8/07 the person. uncooperative; therefore, the evaluation was incomplete. Some abdominal fullness and firmness was documented. The consult document reflected that the "patient needs to have documented Guardian/Medical Decision Maker assigned and IV and an abdominal sonogram should be considered." The nursing quarterly report dated January 31, 2007 reflected that the client needed GYN as soon as possible. On August 31, 2007 at 1:00 PM, the nurse stated during interview that client #1 was being referred to another facility that was felt to handle patients with more sensitivity. At the time of the survey, the GYN appointment had not been scheduled. The Qualified Mental Retardation Professional stated on August 31, 2007, that client #1 did not have a guardian neither a legal decision maker as previously recommended. 2. Client #1's health plan that was included in the medical record was reviewed on August 30, 2007, 2. The RN Supervisor will ensure that fall and at 10:15 AM. The plan stated that client #1 had safety precautions are attached to the medical 148/07 "fall and safety precautions" as a prevention to record, and that staff are trained to follow these injury due to her blindness. On August 31, 2007 protocols. at 1:30 PM, the nurse and the Qualified Mental Retardation Professional (QMRP) were

interviewed and were unable to provide

documentation of these written precautions that had been referenced to in the medical plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
		09G167			08/3	08/31/2007	
NAME OF PROVIDER OR SUPPLIER CARECO 10				STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 322	Continued From page 35 3. Review of client #1's medical record conducted on August 30, 2007, at 10:15 AM, revealed a cardiology report dated August 29, 2007. The report reflected that client #1's blood pressure was controlled and that there was weight loss. It was recommended that client #1 receive Ensure. The nutritional assessment dated June 23, 2007 was reviewed on the same day. This assessment that client #1's ideal body weight was 100-120 lbs and the client was weighed at 127 lbs in May 2007. Weights were not available of the months of June, July, and August 2007 to confirm if there was weight loss. During meal observation on August 30, 2007, client #1 ate all of her meal. 4. According to client #1's nutritional assessment dated June 23, 2007, it was recommended that client #1's diet intake be monitored, increase protein, carbohydrates, potassium rich foods, and protein intake and portion sizes. On August 31, 2007 at 1:55 PM, the nurse stated that the physician would have to approve the recommendations. The Qualified Mental Retardation Professional stated that the recommendations should have been referred to the physician. It could not be determined that the nutritionist's or the cardiologist's recommendations had been		W 32	DEF/CIENCY)		10/10/07	
ORM CMS-25	staff. 5. Review of Client 2007 at 8:10 PM re an ophthalmologist the consultation for	#2' s record on August 30, evealed Client #2 was seen by on July 7, 2006. According to m, the client was to return for one year. Interview with the		5. The QMRP and the RD will needed appointments are sched fashion. This issue will be add regularly scheduled grand roun	uled in a timely pressed at the	10/10/07	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/14/2007 FORM APPROVED OMB NO. 0938-0391

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		4-2	A. BUILD	NG	ELICO
NAME OF E	PROVIDER OR SUPPLIER	09G167	B. WING		08/31/2007
CAREC) 10			REET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW WASHINGTON, DC 20011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	III D RE COMPLETION
W 322	nurse on August 31 appointment was so At the time of the stensure Client #2 refollow up visit. Based on interview	, 2007 revealed the cheduled for October 3, 2007. Urvey, the facility failed to ceived a timely ophthalmology and record review, the facility.	W 322		
	the sample. The findings include Review of Client 2007 at 8:10 PM review on ophthalmologist	#2' s record on August 30, realed Client #2 was seen by		1. See response to #5 above	1dido7
	a follow up visit in or nurse on August 31, appointment was so At the time of the su ensure Client #2 rec follow up visit.	heduled for October 3, 2007 rvey, the facility failed to eived a timely ophthalmology			
	cocumented an allegation of the physician's office. The physician's office. The physician's office. The physician's office. The mailroom personnel revealed to be the house the clients and was "them." The investiguient #2 was the only noident and reported According to the reported continuity.	at 9:15 AM, an incident report gation of abuse involving to the report, a phone April 2, 2007 from a female clients' primary care the female reported that a observed a woman (later buse manager) being "evil" to hitting, beating, and shoving ative report revealed that by client involved in the litto have been injuried of indicated that the house use of her injury.		2. See response to W153 and W 149	- 10/10/07
M CMS-2567	7(02-99) Previous Versions O	hadde			

<u>, CENTE</u>	RS FOR MEDICARE	AND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 09/14/2007 M APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		PLE CONSTRUCTION G	(X3) DATE	<u>0.0938-0391</u> SURVEY LETED
		09G167	B. WIN	G_			10.4 (0.0.0
CARECO	PROVIDER OR SUPPLIER D 10			16	EET ADDRESS, CITY, STATE, ZIP CODE 513 TAYLOR STREET, NW /ASHINGTON, DC 20011) 08/	31/2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	IJI D RE	(X5) COMPLETION DATE
W 322	Continued From pa	ge 37	W 32	22		!	<u> </u>
W 331	had been assessed 483_460(c) NURSIN	IG SERVICES	W 33			. <u></u>	
	services in accordar	ovide clients with nursing nee with their needs.		\cdot	See response to W122, W149, W154,	W195.	10/10/07
	provide nursing serv	not met as evidenced by: riew, the facility failed to rices in accordance with the three clients (Client #2)					
	The finding includes	:					
	Client #2. According message was left on representative of the physician's office. The mailroom personnel revealed to be the hothe clients and was "them." It should be no indicated that four clients and retained the clients and country to the clients and was "them." It should be not indicated that four client #6) were involved; how the client #6 Mental Retained Mental Retained Mental Retained Telephysical Retained						
	shoved her in the co er "hurt her arm." A	incident report revealed that the staff person that mer" of the elevator made additional review of the presponding investigation					

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/14/2007 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB_NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 09G167 . 08/31/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1613 TAYLOR STREET, NW **CARECO 10** WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) W 331 Continued From page 38 W 331 failed to provide evidence that the nurse was notified and assessed the client's injury. W 356 483.460(g)(2) COMPREHENSIVE DENTAL W 356 TREATMENT The QMRP will ensure that the person is properly supported to cooperate with the scaling The facility must ensure comprehensive dental recommended by the dentist. The QMRP will treatment services that include dental care consult with the psychologist and the HRC to ensure that every means is explored to successfully needed for relief of pain and infections. manage dental care timely in the least restrictive restoration of teeth, and maintenance of dental 50/0/GI thanner. health. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure timely dental services, for one of the three clients (Client #2) included in the sample. The finding includes: Review of Client #2's records on August 30, 2007 at 8:04 PM revealed Client #2 was seen by the dentist as documented below: October 5, 2006 - the dental consultant documented that the patient needed scaling. May 17, 2007 - the consultation form documented that the patient refused to leave the van. July 10, 2007 - the dental consultant documented that the patient needed scaling. Interview with the nurse on August 31, 2007 and review of the record failed to provide evidence that the recommended scaling (documented to

conducted.

W 371

the October 5, 2006 consultation form) had been

483,460(k)(4) DRUG ADMINISTRATION

W 371

See response to W195 and W249

PRINTED: 09/14/2007

		I AND HUMAN SERVICES & MEDICAID SERVICES			FORM	0; 09/14/2007 APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE :	
		09G167	B, WING		ne.	24/2007
NAME OF F	PROVIDER OR SUPPLIER	<u> </u>	5	TREET ADDRESS, CITY, STATE, ZIP C		31/ <u>2007</u>
CAREC		-		1613 TAYLOR STREET, NW WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
W 371	Continued From pa	ge 39	W 37	1		
·	that clients are taug medications if the ir determines that self	administration must assure that to administer their own terdisciplinary team administration of medications jective, and if the physician perwise.				
	Based on observation review, the facility factorists to administer	s not met as evidenced by: on, interview and record alled to ensure clients were their own medications, for ints (Clients #2 and #3)	,			
	The finding includes	т -			·	
	8:13 PM revealed C given medications b on duty. The nurse medications from the medications to the control of th	Igust 30, 2007 beginning at lients #1, #2 and #3 were y the licensed practical nurse was observed to punch the e bubble packs and give the lients. Direct care staff was ach client a cup of water for		-		
	at 7:58 PM revealed administration asses According to the ass was made for Client program that require verbal prompts. Rev August 31, 2007, at nursing assessment	ssment dated April 2, 2007. sessment, a recommendation #2 to participate in a ed her to obtain her water with riew of Client #3's record on 2:48 PM revealed the client's dated June 13, 2007. The d that Client #3 was to				,

PRINTED; 09/14/2007

		I AND HUMAN SERVICES			FORM	D: 09/14/200 MAPPROVEI D. 0938-039
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TPLE CONSTRUCTION	(X3) DATE COMPI	SURVEY
		09G167 .	B. WING_			34/2007
NAME OF E	PROVIDER OR SUPPLIER		'	REET ADDRESS, CITY, STATE, ZIP COI 1613 TAYLOR STREET, NW WASHINGTON, DC 20011		<u>31/2007</u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 436	cabinet and remove prompts. Additional on August 30, 2007 Individual Program 2006. The plan dod #3 to complete the state of the state o	and opening the medication his medication with verbal I review of Client #3's record at 3:51 PM revealed an Plan (IPP) dated August 1, tumented a program for Client steps for taking his vitamins, noted that interview with the stardation Professional on 1:15 PM, revealed Client #1 water in preparation for taking the time of the survey, the are Clients #1, #2 and #3 were to participate with their self is. EE AND EQUIPMENT This, maintain in good repair, use and to make informed se of dentures, eyeglasses, or munications aids, braces	W 371	The QMRP will contact the Speech Pathologist and the manufacturer (is ensure the device is working and programmed. The QMRP will then person and the staff are trained to peffectively use the device.	if needed) to roperly ensure the	10/8/07
,	review, the facility fa communication devi-	not met as evidenced by: on, interview and record iled to ensure Client #3's ce was maintained in good nake certain the client was				
•	The finding includes:					
	Professional (QMRP	lalified Mental Retardation) and review of Client #3 's , 2007 revealed Client #3 had ecommended at his				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/14/2007 FORM APPROVED OMB NO: 0938-0391

	OF DEFICIENCIES OF CORRECTION .	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE S COMPLE	
		09G167	B. WIN	IG		08/3	1/2007
CARECO	ROVIDER OR SUPPLIER			161	ET ADDRESS, CITY, STATE, ZIP 3 TAYLOR STREET, NW SHINGTON, DC 20011		-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
W 436	that had not been in One of the program to answer yes/no of communication desinterviewed on Auginformation regard communication desidevice and attemp device would be usualfunctioning. At facility failed to enstrained to use his of the original to the communication design.	Plan (ISP) on August 8, 2007 mplemented (See also W249). In objectives required the client westions using his vice. The QMRP was just 31, 2007 to ascertaining the aforementioned vice. The QMRP retrieved the ted to demonstrate how the sed, but the device was the time of the survey, the sure Client #3 was being communication device.	W	136			
				-			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MULTI A. BUILDING B. WING _	PLE CONSTRUCTION		LETED
NAME OF F	ROVIDER OR SUPPLIER	09G167	STREET AD	DRESS CITY S	STATE, ZIP CODE	08/	31/2007
CARECO	-		1613 TAY	LOR STREE	T. NW		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
I 000	INITIAL COMMENT	rs		1 000			
	30, 2007 through A sample of three ind population of four fe One of the individual diagnosed to function mental retardation a diagnosis of severe One individual in the	ey was conducted frougust 31, 2007. A raividuals was selected emales and two male als in the sample was on in the moderate raind the other two had degree of mental releasement and diagnosis of visual visual diagnosis of visual visual diagnosis of visual visual diagnosis of visual vi	andom I from the I clients. I clients I client				
	observations at the programs, staff inter and day programs, administrative recorunusual incident rep	survey were based or residence and three views at both the gro review of clinical and ds to include the fact ports and policies. It re were repeated def urvey year.	day oup-home lility's was			·	,
1 090	3504.1 HOUSEKEE	PING		1 090 1			
	maintained in a safe and sanitary manner	erior of each GHMRF e, clean, orderly, attra r and be free of t, rubbish, and objec	actīve,			·	
	Based on observation	net as evidenced by: on, the GHMRP failed f the facility was mail erly, attractive and sa	t to		•		
	The findings include:						,
	Light bulbs were a tion Administration	out and needed to be	ē .		1. Light bulbs will be replaced.		10/5/07
¬/		MSUPPLIER REPRESENT	ATIVE'S SIGN	ATURE Dire	title clor of Disability Se	nia s	(X8) DATE

STATE FORM

RBBR11

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	1	FIPLE CONSTRUCTION	(X3) DATE S	
		09G167	. •	A. BUILDI B. WING			
NAME OF	PROVIDER OR SUPPLIER	030107	STREET AL	DRESS CITY	STATE, ZIP CODE	08/3	31/2007
CARECO			1613 TAY	LOR STRE	ĒT. NW		
·	·····		WASHING	GTON, DC 2	20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FILL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	II D RE	(X5) COMPLETE DATE
1 090	Continued From page	ge 1		1 090			· · · · · · · · · · · · · · · · · · ·
	replaced throughou	t the facility					
	Ceiling light fixtu needed to be cleane	res throughout the fa ed as debris was obs	cility . served.		Ceiling light fixtures will be cleaned	i .	10/5/07
	 The main bathro that was in disrepair vanity. 	om in the hallway ha rand a broken drawe	d a door er on the		3. The main bathroom door will be repareplaced; the broken drawer on the vanitiepaired or replaced. The main bathroom door will be repared to replaced.		10/8/07
I 203	3509.3 PERSONNE	EL POLICIES		1 203			
	descriptions with ear	all discuss the conter ch employee at the b least annually therea	edinning		Each staff persons will sign current annu descriptions. Substitute staff files will b for review.	 ıal job c available	10/10/07
	provide evidence that	net as evidenced by: riew, the GHMRP fail at the supervisor disc lescriptions with each inning of their emplo ter.	ed to cussed	·			
	The findings include:						
	Review of the person on August 30, 2007 of twelve staff identified schedule did not hav descriptions.	at 4:40 PM. Seven o	of the .		· .		
İ	Four staff identified a files available for revi options were provide	iew a the facility and	have no other				
1 206	3509.6 PERSONNEL	- POLICIES		1 206			
	Each employee, prior annually thereafter, s certification that a heat tion Administration	hall provide a physici	ian'e		Consultants will be contacted and their chealth certificates will be obtained.	current	10/8/07
ATE FORM	· · · · · · · · · · · · · · · · · · ·		681				<u> </u>

STATEMENT AND PLAN (IT OF DEFICIENCIES OF CORRECTION			(X2) MULT A BUILDIN	TIPLE CONSTRUCTION NG	(X3) DATE S COMPL	
	<u>-</u>	09G167		B. WING_		08/	31/2007
NAME OF P	ROVIDER OR SUPPLIER	!	STREET AD	DRESS, CITY,	STATE, ZIP CODE	Warra) [[200]
CARECO) 10	·	1613 TAY	LOR STREETON, DC 2	ET, NW		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 2 Informed and that the employee 's health stould allow him or her to perform the required ties. Is Statute is not met as evidenced by: sed on interview and record review, the HMRP failed to ensure that each employee, or to employment and annually thereafter, ovided evidence of a physician's certification at documented a health inventory had been formed and that the employee's health stauld allow him or her to perform the required the serview with the Qualified Mental Retardation of the STATE of the GHMRP's resonnel files on August 31, 2007 at 11:57 A realed the GHMRP failed to provide evidence to current health certificates were on file for		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
1206	Continued From pa	ige 2		I 206			
	performed and that would allow him or l duties.	the employee 's her her to perform the re	alth status equired				
	1			-			
	Based on interview GHMRP failed to er prior to employmen provided evidence of that documented a performed and that	r and record review, the nsure that each emplot and annually thereat of a physician's certif health inventory had the employee's heal	he loyee, after, fication been Ith status				
	The finding includes	s:			,		
	Professional and re personnel files on A revealed the GHMR	eview of the GHMRP': August 31, 2007 at 11 RP failed to provide e	s 1:57 AM evidence	-			
1 229	3510.5(f) STAFF TI	RAĮŃING		1 229			
	Each training progra limited to, the follow	am shall include, but /ing:	not be			•	
	residents to be serve to, behavior manage	related to the GHMRF red including, but not ement, sexuality, nut nmunications, and as	limited				
	Based on interview a	met as evidenced by: and record review, th sure staff were effec	ne l				·

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDI		(X3) DATE S	
		09G167		B. WING		08/3	1/2007
NAME OF P	ROVIDER OR SUPPLIER	_	STREET ADD	RESS, CITY	STATE, ZIP CODE		
CARECO	10		1613 TAYL	OR STRE	ET, NW 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOTCH CROSS-REFERENCED TO THE APPROPRIES OF THE AP	ULD BE	(X5) COMPLETE DATE
I 229	Continued From pa	 ge 3		1229		•	-
	plans.	diets and behavior s	upport			•	
	The findings include) :					
	plans, however, the staff had been trained and the associated. The Qualified Mentalooked for training a	lents had behavioral ere was no evidence ed on the target beha plans by the professi al Retardation Profes ttendance document d did not locate them	that the aviors onal. sional		The QMRP will ensure that staff are behavioral support plans, and that does of the training is available for review.	trained on uncontation	רסלסלבנ
	2. There was no ev training on the resid	idence that staff rece ent's modified diets.	eived		The QMRP will ensure that staff retraining on resident's modified dicts.	eceive	10/0/07
J 274	3513.1(e) ADMINIS	TRATIVE RECORDS	s	1 274	, ,		
	Each GHMRP shall agency 's inspection administrative recon	maintain for each au n, at any time, the fol ds:	thorized lowing				
<u>-</u>	(e) Signed agreeme professional service	nts or contracts for s;					
	This Statute is not r Based on record rev Mentally Retarded (0 evidence of contract consultants.	iew, the Group Home GHMRP) failed to pro	e for the			·	
	The finding includes	:					
	Interview with the Qu Professional (QMRP records on August 3 the GHMRP failed to the four consultants.) and review of the p 1, 2007 at 11:57 AM	ersonnel		The Director of Disability Services will consultants have contracts on file.	cnsure that	7ט/זיאני
ealth Regulat	tion Administration	<u> </u>					·]

	OF CORRECTION .	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 09G167	MBER: .	A. BUILDI B. WING		(X3) DATE COMPI	
NAME OF P	ROVIDER OR SUPPLIER	090107	STREET AD	Date ciny	, STATÉ, ZIP CODE	08/:	31/2007
CARECO			1613 TAY	LOR STRE TON, DC	ET. NW		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORM	(E) I) (ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETI DATE
1 379	Continued From pa	ge 4		1 379			
1 379	3519.10 EMERGEN	NCIES		1 379			1
·	each GHMRP shall Health, Health, Health Facil unusual incident or interferes with a resarrangement, well be places the resident be made by telepho followed up by written	porting requirement notify the Departme lities Division of any event which substantident's health, welfoeing or in any other at risk. Such notification within ars or the next work of the substantial or the next work of the substantial or the next work of the substantial or the s	nt of other stially are, living way tion shall shall be		The Director of Disability Service fresher training to the QMRP Director, and the Incident Man Coordinator to ensure that incidently to Department of Health Division.	, Residential	iolio/07
	Based on interview and GHMRP failed to en Health, Health Facility immediately, followed thours, notified of substantially interfer	ed by written notificated unusual incidents the control with a resident's free idents.	t of ion within at				
	The finding includes Review of unusual in 2007 at 9:17 AM rev	: ncident reports on AL ealed the following in	igust 30,				
	On August 8, 2007, s #2 became agitated and began to spit, cu Resident #1. The re Resident #2 bit Resishould be noted that	staff reported that Re while on the resident urse, scratch, and hit port further documer ident #4 on his left al Resident #4 was tak	esident tial van nted that rm. It				
lı.	nterview with the Qu	ralified Mental Retard	dation				
th Regulati	on Administration	- Tomas (Care	1911011				

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MUL A. BUILDI	FIPLE CONSTRUCTION	(X3) DATE : COMPL	
		09G167		B. WING		08/	31/2007
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	1 0011	31/2007
CARECO			WASHING	LOR STRE	ET, NW 20011	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMÊNT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED (CROSS-REFERENCE)	JLD BE	(X5) COMPLETE DATE
1 379	Continued From page	ge 5		1 379		-	
	provide evidence the	rther record review fa at the aforementione eported to the Depar	ed				
I 391	3520.2(a) PROFES	SION SERVICES: G	ENERAL	I 391			
	professional staff to necessary profession	goals and objective plan, as determined plan, as determined erdisciplinary team. Is may include, but not lices provided by include a required law in the following of services: The dical record for clan and a required as evidenced by: The dical record for clan and a required at the clien fore, the evaluation of bdominal fullness are ented. The consult that the "patient need userdian/Medical Decily and an abdominal considered." The need January 31, 2007 of the plant of January 31, 2007 of the January 31, 2007 of the January 31, 2007 of the January 31, 2007 of the January 31, 2007 of the January 31, 2007 of the January 3	s of every d to be The ot be lividuals ed by ient #1 10:15 ed ot was was id listo ision l		(a) 1. The QMRP will follow up with the Manager to acquire medical guardians person.	he Casc for the	<i>18/10/67</i>
-145 -	On August 31, 2007	at 1:00 PM, the nurs	e stated	ĺ			
aith Regulat ATE FORM	ion Administration						

	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MUL' A BUILDI B. WING		(X3) DATE COMP	SURVEY LETED
NAME OF I	PROVIDER OR SUPPLIER	09G167				08/	31/2007
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	during interview that to another facility to another facility the with more sensitivity the GYN appointment of the GYN appointment of the GYN appointment of the GYN appointment of the GYN appointment of the GYN appointment of the GYN at 10:15 AM. The GYN at 10:15 AM. The GYN at 10:15 AM. The GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM, the Mental Retardation interviewed and we documentation of the GYN at 1:30 PM,	at client #1 was being that was felt to handle by. At the time of the ent had not been school at Retardation Profess 1, 2007, that client #1 wither a legal decision mended. In plan that was included reviewed on August The plan stated that precautions" as a problindness. On August Professional (QMRP) re unable to provide the entitle provided to in the medical plants and the client #1's medical record st 30, 2007, at 10:15 greport dated August 10:16 and that there were commended that client #1's ideal book and the client was not provided to the client was not provided to the client was not provided to the client was not provided that client #1's ideal book and the client was not provided the cl	patients survey, eduled. ssional I did not maker ded in the 30, t client #1 evention st 31, lified) were ons that an. AM, st 29, s blood as ient #1 ent dated e day. dy s s were and	1391	(a) 2. The QMRP and RN will provisafety precautions and the QMRP will are trained on the precautions. (a) 3. The QMRP will refer the card the numitionist's recommendations to Care Physician for a determination oneeds.	iologist's and	10/10/0
	4. According to clier				(a) 4. See response to (a) above	_	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	09G167		B. WING		08/3	1/2007	
NAME OF PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
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protein intake and p 2007 at 1:55 PM, the physician would have recommendations. Retardation Profess recommendations of the physician.	tes, potassium rich foortion sizes. On Aug be nurse stated that the ve to approve the The Qualified Mental sional stated that the should have been referenced	gust 31, he erred to tionist's	l 391				
reviewed and addrestaff 1 394 3520.2(d) PROFES PROVISIONS Each GHMRP shall professional staff to necessary professional control accordance with the individual habilitation necessary by the in professional service limited to, those ser trained, qualified, and District of Columbia disciplines or areas (d) Nutrition; This Statute is not The finding includes According to client adated June 23, 200 client #1's diet intak protein, carbohydraf protein intake and p	met as evidenced by:	medical ENERAL fied or s of every d to be The ot be lividuals ad by sment ed that ease bods, and oust 31	I 394	The QMRP will refer the nutrition recommendations to the Primary C approval or change. The QMRP w nutritionist of any changes from the request the nutritionist to follow up	arc Physician for all inform the e PCP, and	19/10/07	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ER/CLIA IMBER:	(X2) MUL A. BUILDI BWING		(X3) DATE SURVEY COMPLETED	
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1394	physician would have recommendations. Retardation Profess recommendations at the physician. At the August 30, 2007, the demonstrated any for recommendations.	ve to approve the The Qualified Menta sional stated that the should have been refe time of the survey a nutritionist had not ollow up to the	erred to on	1 394			
	3520.2(h) PROFES. PROVISIONS Each GHMRP shall professional staff to necessary professional accordance with the individual habilitation necessary by the interprofessional service limited to, those sentrained, qualified, and District of Columbia disciplines or areas (h) Social Work; This Statute is not in Based on interview a	have available qualicarry out and monitornal interventions, in goals and objective plan, as determined erdisciplinary team. Is may include, but notices provided by including and incensed as required law in the following of services:	fied or s of every d to be The ot be dividuals ed by	1 398	The Director of Disability Services will	request a	volvolo7
	GHMRP failed to prolicense on file for the The finding includes: Interview with the Querofessional and revaluest 31, 2007 at 1 failed to have a licentworker.	evide evidence of a vectorial worker. Italified Mental Retantiew of the personnel 1:57 AM revealed the	dation		copy of the Social Worker's current, val	id license.	16/10/67
alth Regular ATE FORM	tion Administration			90 0		<u></u>	

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE COMP	
		09G167				08/	31/2007
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I 401	Continued From pa	ge 9		1401			
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS			l 401		ı	
	Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.						
	This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure professional services were received in a timely manner.						
	The finding includes	ĭ.					
	1. Review of Resident #2's record on August 30, 2007 at 8:10 PM revealed Resident #2 was seen by an ophthalmologist on July 7, 2006. According to the consultation form, the resident was to return for a follow up visit in one year. Interview with the nurse on August 31, 2007 revealed the appointment was scheduled for October 3, 2007. At the time of the survey, the facility failed to ensure Resident #2 received a timely ophthalmology follow up visit.			,	1. See response to federal deficiency	· W322 #5.	10/10/07
•	2. Review of Resident #2's records on August 30, 2007 at 8:04 PM revealed Resident #2 was seen by the dentist as documented below:				2. See response to federal deficiency	, W356	10/16/67
	October 5, 2006 - the documented that the	e dental consultant patient needed scali	ing.				
	May 17, 2007 - the c that the patient refus	onsultation form doc ed to leave the van.	umented		. •		
	July 10, 2007 - the dethat the patient need	ental consultant docu ed scaling.	ımented		•		
aith Regula ATE FORM	tion Administration			<u></u> .			

j. 3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G167				(X2) MULT A. BUILDII B. WING		(X3) DATE S COMPLI	ETED
NAME OF E	ROVIDER OR SUPPLIER	200101	STDEET AD	DDRESS, CITY, STATE, ZIP CODE			1/2007
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I 401	Continued From pa	ge 10	•	I 401		-	
	review of the record that the recommend	urse on August 31, 2 I failed to provide evi ded scaling (docume oconsultation form) I	idence inted to	·		-	
l 422	3521.3 HABILITATI	ON AND TRAINING	i	1422			
	and assistance to re	provide habilitation, esidents in accordan ridual Habilitation Pla	ce with		See tesponse to federal deficier W195, W209, W249, W252, W	ncies W120, W159, /259	10/10/07
	Based on interview GHMRP failed to er assistance was provaccordance with the	met as evidenced by and record review, to sure habilitation, trait vided to its residents in Individual Habilitations (Resuded in the sample.	the ining and in tion				
	The findings include	i.t					
	A. The facility failed continuous opportur below.	to provide client #1 nities for learning as	with detailed		·	·	
	1. Client #1 was obs from 3:30 PM to 7:1	erved at the group h 7 PM.	ome				
	3:30 PM - Client #1 with the staff and co instructor,	was was observed to mplaining of her day	alking and		٠.		·
,	3:55 PM - Client #1 had been seated and stating that she was bedroom. Client #1 approximately five mobserved going to the lion Administration	d exited independen going to see her sho was in her bedroom inutes and then was	itly ow in her for				

(X3) DATE SURVEY COMPLETED		IPLE CONSTRUCTION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
2007	08/3	<u></u>		09G167			
		STATE, ZIP CODE			•	PROVIDER OR SUPPLIER	NAME OF F
		ET, NW . 20011	LOR STRE	WASHING	·		CAREC
(X5) COMPLETE DATE	JI D BE	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ID PREFIX TAG	FULL	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED BY SCIDENTIFYING INFORMA	(EACH DEFICIENCY	(X4) ID PREFIX TAG
	<u>.</u>		1422	· -	-		l 422
				pic.	ving a comb and hair	entrance and retriev	
				4:30 PM - Client #1 was observed coming from the bathroom with her robe on. She stated that she had taken a shower. She stated that she did not require assistance. This was confirmed			
				returned set and	during other staff interviews. Client #1 returned the items that she retrieved from the closet and sat back on the sofa;		
	•			5:18 PM - Client #1 was observed conversing and making complaints to others about her day. The staff acknowledged the client's concerns and then offered the client an opportunity to do her laundry. Client #1 stated that she would do laundry later. The client remained seated on the sofa;			
	•			ent l	was observed eating owing dinner, the clie nd utensils to the kit	independently. Folk	,
·			:	ng with	was observed dancir d	6:30 PM - Client #1 the other clients; and	
		·	-	y with ts about	was observed talking ed to make complain	6:55 PM - Client #1 staff as she continue her day.	
	-		٠	Although Client #1's individual program plans (IPPs) reflected a frequency of implementation to be daily, these programs were not observed to be implemented at given opportunities.			
-		•		According to Client #1's "individualized" active treatment schedule, the following activities were scheduled:			
				ient may	; if not desired the cli	4:30 PM - Offer walk	
				lay. The sand do her do her do her do her do nithe dinner ent chen my with the about wed to be d'active as were	was observed converte others about her detection the client's concerns at an opportunity to cated that she would elient remained seated was observed eating owing dinner, the client dutensils to the kits was observed dancing at the complaint of the complaint individual program program of the complaint was were not observed observed the following activities the following activities.	5:18 PM - Client #1 making complaints staff acknowledged then offered the clie laundry. Client #1 st laundry later. The cosofa; 6:00 PM - Client #1 independently. Folk removed her plate a sink; 6:30 PM - Client #1 the other clients; and 6:55 PM - Client #1 staff as she continue her day. Although Client #1's (IPPs) reflected a free be daily, these progrimplemented at give 2. According to Client reatment schedule, scheduled:	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED		
NAME OF P	ROVIDER OR SUPPLIER	09G167					08/	31/2007
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CARECO			1613 TAYLOR WASHINGTO	N. DC 20), NW 011			
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ti for contract of the contrac	do her laundry or be programs (i.e. identition). Note: Staff asked Coshe elected not to; hoptions presented at 5:30 PM - To engage keep her busy. Stratactivator to her hair election to use fork, specification of the April 2007 individual or the April 2007 reflected chievements of these programs of these chievements of these programs of these chievements of these programs of these chievements of these programs of these chievements of these programs of these chievements of the chievements of these chievements of the assisted with her traffy coins, use telephonolient #1 to do her lau owever, there were rethe time; eclient in other activities that in the room, appete.; inner and to remind to con, and knife, and remove dishes from choosing activities; usic, play her keyboas or books on tape, edications and assist inter for medications. In documentation revit approximately 12:10 indual program plans by the interdisciplinal vidual support plan wevious ISP held in 20 RP notes dated books.	ndry and no other ties to ly the may ard, tc.; n viewed, 0 PM, (IPPs) ry team were 106. to alitinal	22					
4. Au CI	chieved by client #1. During dinner obse	(ere not succeeefully)						

STATEMEN AND PLAN	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G167		ER/CLIA MBER:	(X2) MULTA. BUILDII		·	(X3) DATE SURVEY COMPLETED	
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l 422	Continued From pa	ge 13	-	I 422				
	meat was cut in the kitchen by the staff. The facility failed to provide Client #1 the opportunity to learn to cut her meat and subsequently increase independence with her meals.					·		
	B. The facility failed to ensure clients were given the opportunity to participate in their self medication programs.							
	Observation of the evening medication administration on August 30, 2007 beginning at 8:13 PM revealed Clients #1, #2 and #3 were given medications by the licensed practical nurse on duty. The nurse was observed to punch the medications from the bubble packs and give the medications to the clients. Direct care staff was observed to bring each client a cup of water for the client to drink with their medications.							
	Review of Client #2 at 7:58 PM revealed administration asses According to the ass was made for Client program that require verbal prompts. Rev August 31, 2007, at nursing assessment assessment indicate participate in his self obtaining his water a cabinet and remove	a self medication asment dated April 2, sessment, a recomm #2 to participate in a red her to obtain her wirew of Client #3' s re 2:48 PM revealed the dated June 13, 2007 de that Client #3 was medication regiment opening the medication of the medication of the medication opening the medication regiment of the medication opening the medication regiment of the medication opening the medicat	, 2007. endation vater with ecord on e client's 7. The to by					·
1	prompts. Additional on August 30, 2007; Individual Program P 2006. The plan docu#3 to complete the state of t	review of Client #3' s at 3:51 PM revealed Plan (IPP) dated Aug Imented a program f teps for taking his vit oted that interview w ardation Professiona	s record an ust 1, for Client amins. with the			· ·		

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	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDII B. WING			(X3) DATE SURVEY COMPLETED	
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	was to get her own her medications. A facility failed to ensugiven an opportunity medication program. C. The facility failed given the opportunity recommended form also W259) D. Interview with the Retardation Profess Client #3 's record of Client #3 had an Individual his record dated Augoutdated. According an ISP meeting on A comprehensive door completed. Further revealed the client hobjectives recomme Given verbal profit ADL task daily on a Given touch profit household chore on months. Given physical accomplete a puzzle or per month for 6 months. Given verbal profit household chore on months. Given physical accomplete a puzzle or per month for 6 months. At the time of the surprograms had not be the surprog	water in preparation to the time of the survive Clients #1, #2 and to participate with the sis. If to ensure Client #3 by to participate in his all program objective equalified Mental ional (QMRP) and report and the conditional (QMRP) and report August 31, 2007 relividual Support Pland gust 1, 2006 that was to the QMRP, Client August 8, 2007 but the conditional the following new moded at his ISP: Important will compute the conditional for the provide with the QI and the following new moded at his ISP: Important will compute the conditional for the provide with the quality of trials for 4 mempts, Client #3 will compute the conditional for the provide with the quality of the aforemention implemented. It is to ensure Client #3 will and the following new moded at his ISP: In 100 % of trials for 4 mempts, Client #3 will and the following new modes. It is to ensure Client #3 will and the following new modes. It is to ensure Client #3 will and the following new modes. It is to ensure Client #3 will and the following new modes. It is to ensure Client #3 will and the following new modes. It is to ensure Client #3 will and the following new modes. It is to ensure Client #3 will and the following new modes. It is to ensure Client #3 will and the following new modes.	was snewly es. (See eview of revealed (ISP) in st #3 had see eview of revealed (ISP) in st #3 had see eview of revealed (ISP) in st #3 had see eview of revealed (ISP) in st #3 had see eview of revealed (ISP) in st #3 had see eview of revealed (ISP) in st #3 had see eview of revealed (ISP) in st #3 had see eview of revealed (ISP) in state of the state of	1 422				
	tion Administration	anagement program	was			·		

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDI			(X3) DATE SURVEY COMPLETED	
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· 1422	Continued From pa	ge 15		I 422				
	implemented timely	•						
	implemented timely. Review of Client #2's records on August 31, 2007 revealed the client had her annual ISP meeting on April 25, 2007. At that time programs were recommended for the client to participate with for the upcoming year. One of the recommended program objective for Client #2 required her to recognize a one dollar bill and a five dollar bill. Interview with the QMRP and further review of Client #2's record failed to provide evidence that the program had been implemented before August 2007.							
	F. The facility failed program objectives at his day program v	to ensure Client #3 scheduled to be imp was implemented,	's new lemented			,	•	
	Observation at Client #3 's day program on August 30, 2007 beginning at 12:35 PM revealed the client in the dance studio listening to music and intermittently dancing with staff and his peers. Interview was conducted with the Activities Coordinator to ascertain information regarding some of the things the Client #3 was learning while at the program. According to the coordinator, Client #3 had a new Individual Program Plan (IPP) developed on August 7, 2007. The plan documented program objectives including the following:		revealed music his ation 3 was to the tal					
	- Given hand over will complete 100% of interactive computer. Continued interview review of Client #3's revealed, the client '2007 IPP had not be of the survey, the faction Administration.	games within 12 mo with the coordinator data collection reco s newly developed A en implemented. At	onths. and rd august the time					

AND PLAN	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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1422	Continued From pa	ge 16		1422				
	's was given the op his new formal prog program.	portunity to participat gram objectives at the	te with day			·		
l 42 3	3521.4 HABILITATI	ON AND TRAINING		1 423				
	Each GHMRP shall	monitor and review e	nah.		Sec response to I422		10/10/07	
,	resident 's Individual ongoing basis to en- resident and approprof such Plans when-	al Habilitation Plan on sure participation of to participation of the participation of the printer GHMRP staff in ever necessary. The libe documented with	i an he revision				,,,,,,,,	
	Based on interview a GHMRP failed to en Individual Habilitatio make certain each re plans were revised a		e nitored to					
	The finding includes		•		•			
	Professional (QMRP record on August 31. Resident #3's annua (ISP) meeting was he Review of the ISP in was dated August 1, conducted to ascertacurrent ISP (dated August 1) the QMRP, the plan I new program objectional not been implemed anythe facility fai	ualified Mental Retard) and review of Resid , 2007 at 3:19 PM rev I Individual Support P eld on August 7, 2007 the record revealed t 2006. Further intervial ain information about to ugust 7, 2007). Acco had not been written a ves recommended at lented. At the time of led to provide evidency d been completed an	lent #3's /ealed, /elan 7. he plan iew was the rding to and the ISP				-	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				A. BUILDI	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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l 426	Continued From pa	ge 17		1426					
l 4 2 6	3521.5(c) HABILITA	ATION AND TRAININ	NG	1 426					
·	Each GHMRP shall make modifications to the resident 's program at least every six (6) months or when the client:				See response to 1422			10/10/07	
	(c) Is failing to progr objectives after reas made;	ess toward identified conable efforts have	been ·	·	•				
	This Statute is not replaced on interview a Qualified Mental Rei (QMRP) failed to enconsidered when resof achievement in at criterion levels, for of (Resident #1) include	sure that revisions we sidents' demonstrate taining the establishe ne of three residents	e al ere d a lack		· .				
	The finding includes:						-	, .	
	The QMRP failed to a sperformance mea progress. Client #1's individual program pl August 31, 2007 at 1, 2007 a	sures reflected a lac documentation and ans were reviewed o	k of						
G G fi II G P	1. According to client on August 30, 2007, a objective that read "V65 by touch 80% of the orogram data reveale 1% with verbal promptom November 2006 PP reflected that the objective in the April 2 olan. The objective was evisions. The docum May 2007 through Julion Administration	at 1:10 PM, the client will correctly identify some trials. Review of the different #1 performs and physical assembly through March 2007 client continued this 2007's individual suppass reimplemented with the march application for the march with the march with the march with the march with the march with the march with the march with the march will be the march will be some will b	t had an 51 and be immed at sistance . The				·		
ann Regulatio ATE FORM	on Administration								
GIMM			8800	RBI	3R11 '	Le .	N		

NAME OF PROVIDER OR SUPPLIER CARECO 10. SIRREIT ADDRESS, CITY, STATE, QP CODE 1613 TAYLOR STREET, NW WASHIMATON, DC 20011 PROVIDERS PLAN OF CORRECTION RESULATORY OR LISC IDENTIFYING INFORMATION) PROVIDERS PLAN OF CORRECTION RESULATORY OR LISC IDENTIFYING INFORMATION) 1426 Continued From page 18 continued lack of criterion level attainment. 2. Client #1's IPP reflected an objective to "learn to identify by touch, the numbers on a telephone keyped 80% of the trials given verbal prompting and an adaptive telephone." The August data sheet for this program referenced to making a sandwich. The May and July 2007 reflected that client #1 performed at 0% of the criterion level. Note that in February 2007, "the telephone was not working". 3. Client #1's IPP reflected an objective to measure water with verbal prompting 80% of the trials given verbal prompting and an adaptive telephone." The february 2007, "the telephone was not working". 3. Client #1's IPP reflected an objective to measure water with verbal prompting 80% of the trials in February 2007, "the telephone was not working". 3. Client #1's IPP reflected an objective to measure water with verbal prompting 80% of the trials in February 2007, "the telephone was not working". 3. Client #1's IPP reflected an objective to measure water with verbal prompting 80% of the trials in February 2007, "the telephone was not working". 3. Client #1's IPP reflected an objective to measure water with verbal prompting by 60 february and 140 february 2007, "the telephone was not working". 3. Client #1's IPP reflected an objective to measure water with verbal prompting 80% of the trials in February 2007. The telephone was not working". 3. Client #1's IPP reflected an objective to measure water with verbal prompting 80% of the trials in February 2007. The telephone was not working. 3. Client #1's IPP reflected an objective to measure water with verbal prompting 80% of the trials in February 2007. The telephone and the trials and the trials and the trials and the trials		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
CARECO 10 CARECO 10 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST are PRECEDED BY FULL TAG) PRETY TAG PRETY TAG PROVIDERS PLAN OF CORRECTION (PACH OR PROTITIVE ACTION SHOULD BE CARD THAN THE PROPERTY OF TAG PRETY TAG PR	NAME OF T	NOC AREA OR AURA				08/31/2007	
PRETY TAG I 428 Continued From page 18 Continued From page 18 2. Client #1's IPP reflected an objective to "learn to identify by touch, the numbers on a telephone keypad 80% of the trials given verbal prompting and an adaptive tilephone." The August data sheet for this program referenced to making a sandwich. The May and July 2007's documentation revealed the client's performance as requiring physical assistance and facing verbal prompting verbal promptis. Review of the QMRP's notes from December 2006 through March 2007 reflected that client #1 performed at 0% of the criterion level. Note that in February 2007, "the telephone was not working". 3. Client #1's IPP reflected an objective to measure water with verbal prompting 80% of the trials. May and July 2007's data reflected that the client performed below criterion at the the fading verbal prompt and physical assistance level. There was no June documentation for this program. According to the notes written by the QMRP, client #1 performed at 0% November 2006 through March 2007. 1458 Each resident's activity schedule shall be available to direct care staff and be carried out daily. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure each resident's activity schedule was carried out daily, for one of the three residents (Resident #1) included in the sample. The finding includes:			. 1613	TAYLOR STRE	ET. NW		
continued lack of criterion level attainment. 2. Client #1's IPP reflected an objective to "learn to identify by touch, the numbers on a telephone keypad 80% of the trials given verbal prompting and an adaptive telephone." The August data sheet for this program referenced to making a sandwich. The May and July 2007's documentation revealed the client's performance as requiring physical assistance and fading verbal prompts. Review of the QMRP's notes from December 2008 through March 2007 reflected that client #1 performed at 0% of the criterion level. Note that in February 2007, "the telephone was not working." 3. Client #1's IPP reflected an objective to measure water with verbal prompting 80% of the trials. May and July 2007's data reflected that the client performed below criterion at the the fading verbal prompt and physical assistance level. There was no June documentation for this program. According to the notes written by the QMRP, client #1 performed at 0% November 2006 through March 2007. 1 458 3521.11 HABILITATION AND TRAINING Each resident's activity schedule shall be available to direct care staff and be carried out daily. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP falled to ensure each resident's activity schedule was carried out daily, for one of the three residents (Resident #1) included in the sample. The finding includes: The finding includes:	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	HOULD BE COMPLETE	
resident's activity schedule was carried out daily, for one of the three residents (Resident #1) included in the sample. The finding includes:	l 458	continued lack of cr 2. Client #1's IPP re to identify by touch, keypad 80% of the tand an adaptive tele sheet for this progras andwich. The May documentation reve as requiring physica prompts. Review of December 2006 thre that client #1 perform level. Note that in F was not working". 3. Client #1's IPP re measure water with trials. May and July 2 client performed beliverbal prompt and p There was no June of program. According QMRP, client #1 per 2006 through March 3521.11 HABILITAT Each resident 's act available to direct ca daily. This Statute is not re Based on observatio	effected an objective to "leathe numbers on a telephorarials given verbal prompting phone." The August data are referenced to making a rand July 2007's aled the client's performant assistance and fading verthe QMRP's notes from ough March 2007 reflected ned at 0% of the criterion ebruary 2007, "the telephone of the criterion at the the fadin hysical assistance level. documentation for this to the notes written by the formed at 0% November 2007. ION AND TRAINING ivity schedule shall be re staff and be carried out the tas evidenced by: no interview and record.	arn ne ig ace rbal ane he ng	See response to 1422	10/10/67	
		resident's activity sch for one of the three n included in the samp The finding includes:	nedule was carried out daily esidents (Resident #1) le	y.			
OLD CANA	ealth Regula TATE FORM		<u> </u>	<u> </u>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF B	DOMEST OF SUPERIOR	09G167				08/	31/2007
CARECO	ROVIDER OR SUPPLIER		1613 TAY	IDRESS, CITY. Lor Stre Ston, DC 2	STATE, ZIP CODE ET, NW		
				TON, DC 2			•
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
I 458	Continued From pa	ge 19		I 458			
	The facility's staff factivity schedule.	ailed to implement cli	ent #1's				
	A. Client #1 was ob from 3:30 PM to 7:1	served at the group I I7 PM.	nome				
	been seated and exthat she was going bedroom. Client #1 approximately five robserved going to the entrance and retriev 4:30 PM - #1 was obathroom with her rhad taken a shower require assistance, other staff interview items that she retrievatems that she retrievatems that she retrievate and her day. Client's issues and ther laundry. Client # laundry later. The costa 6:00 PM - dinner waindependently. Folloremoved her plate a sink.	g with the staff and day and instructor, a living room where stated independently to see her show in he was in her bedroom minutes and then was he closet near the frozing a comb and hair bserved coming from obe on. She stated to the she stated that she This was confirmed as Client #1 returned and make complaints. The staff acknowled hen offered the client at stated that she world is stated that she world in the staff acknowled hen offered the client #1 stated that she world in the client #1 stated that she world in the client #1 and utensils to the kitch danced as all of the clean as a leisure activity and as a leisure activity.	stating or for int pic. inte hat she did not during the and sat ent #1 of lged the to do uld do of the chen				
	o:55 PM - client #1 e and making her com	engaged in talking wit plaints as she did ea individual program pl	h staff rlier.				·
ealth Regular	ion Administration						
TATE FORM			63				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G167			(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF B	ROVIDER OR SUPPLIER	030107	CTDEET 40	DDEGG AUDI	AT. T	08/31/200	17
CARECO			1613 TAY	LOR STRE STON, DC 2			٠
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX YAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES (PROVIDER CORRECT)	ULD BE COM	(X5) MPLETE DATE
l 458	Continued From pa	ge 20		1 458	1		
	 (IPPs) reflected a frequency of implementation to be daily, these programs were not observed to be implemented at given opportunities. B. According to client #1's "individualized" active treatment schedule, the following activities were scheduled: 						
	do her laundry or be programs (i.e. ident Note: The staff did laundry and she ele were no other optio 5:30 PM - engage of her busy. Straighte her hair etc. 6-6:30 PM - have diuse fork, spoon, and 6:45 PM - clean and table 7:00 PM - assist in choose to listen to r listen to gospel mus 8:00 PM - prompt to	k; if not desired the of a assisted with her triffy coins, use telephore offer client #1 to do acted not to; however as presented at the telient in other activities the room, apply actioner and remind the d knife; d remove dishes from choosing activities; a music, play her keybosic or books on tape, o get her medications up of water for medications are assisted.	aining one). her there time. es to keep civator to client to n the nay pard, etc. s; assist				
	that the rights of resprotected in accordance, and other alaws. This Statute is not a Based on observation review, the facility fa	S RIGHTS ience director shall esidents are observed ance with D.C. Law 2 applicable District and met as evidenced by on, interview and recailed to ensure the right their legal guardian	and 2-137, this d federal : ord ints of	1 500	See response to federal deficiency W124 QMRP will prepare an informed consent the person, detailing the proposed treatm benefits and risks. The person and/or the guardian/medical decision maker will resign the document, providing or withhol consent to the proposed treatments. The will provide the person and the legal guardian/family members with Careco's rights, admissions, and discharges.	t letter for nents, their c legal . view and ding : QMRP	10/07

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIF A. BUILDING B, WING	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		09G167		D. MING —		08/3	/31/2007	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	STATE, ZIP CODE			
CARECO	.10			OR STREE				
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
1 500	Continued From pa	ige 21		1500				
	informed of the resident's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for one of the three residents (Resident #2) included in the sample.							
	The findings includ	e:			•			
	administration on A 8:27 PM revealed F medications includi Risperdal, and Gat medication nurse d administration reve	evening medication august 30, 2007 beging Resident #2 received ing Lithium Carbonat papentin. Interview was luring the medication aled the aforemention as sed to address the resident to the second s	e, vith the					
	Mental Retardation telephone on Augu According the the (capable of giving in medications and ha Additionally, the QN did not have involve legally appointed gwith the QMRP rev behavior supports 12 morning, 8 hours fr 11 AM - 7 PM on the behaviors. Review August 30, 2007 ve Support Plan dated incorporated the us to one staffing supports to one staffing support year, the support of the property of	MRP revealed that Re ed family and was in uardian. Further into ealed the resident had lan and required one 2 hours daily (4 hour rom 3 -11 PM weekdone weekends) to adding of Resident #2's receptified the residents Ed I February 10, 2007, se of the aforemention ports. At the time of the facility failed to pro-	P) via MM. was not the use of esident #2 need of a erview ad a to one rs in the ays, and ress her cords on Behavior The plan need one the covide					
U		dent #2's treatment n its and potential side						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SUR COMPLETE			IRVEY TED .			
		09G167		B. WING _		08/31/2007		
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
CARECO	10		1613 TAYL WASHING	LOR STREE TON, DC 20	T, NW 0011			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	IĎ PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE		
1 500	Continued From pa	ige 22		J 500				
	associated with the medications, and the rig refuse treatment, had been explained to hel and/or a legally authorized representative.		her		·		-	
		•						
ī.		•		•				
		•				·		
				-				
	lation Administration	•				-		

CARECO

Careco, Inc. \diamond Careco Mental Health Services, Inc. \diamond Careco Home Health Services, Inc. 8115 Fenton St.

Silver Spring, MD 20910 (301) 565-9400 Fax (301) 565-4541

E	Dana McKenzie						
To: Dott	From: Dana Mckenzie						
Fax No: 442 -9430	Date: ///2/07						
	Cover						
<i>z</i> 1	Compliance						
Message:	_] I'lease Comment						

Notes:

Privacy Notice

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RECEIVED
DEPARTMENT OF HEALTH
HEALTH REGULATION
ADMINISTRATION

2007 NOV -2 P 3 47

November 2, 2007

Dear Ms. Van Buren,

Please find enclosed the allegation of compliance to the deficiencies cited during a follow up survey at 1613 Taylor Street, NW, on October 11, 2007. The alleged date of compliance is November 15, 2007. Please feel free to contact me on my cell at 301-204-2914, if you have any questions or concerns.

Respectfully.

Jana S. McKenzie, QMF

Careco, Inc.

TO! 441 COO! 44.40 PAA GOE#42840U

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CARECO

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TATEMENT (OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/BUFPLER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE BURVEY COMPLETED	
		09G167	B. WING _	·	L .	₹ 1 <u>/2</u> 007
NAME OF PR	DVIDER OR SUPPLIER	,		reet address, city, state, zip cod 1613 Taylor Street, NW Nashington, DC 20011	<u>*</u>	
(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE
(W 000)	INITIAL COMMEN	TS	{VV 000}			
·	through 10/11/07 to compliance with prodeficiencies cited to of three clients was population of four with Varying degre. The findings of this observations at the programs, intervised by program and greview of unusual investigations. Tithat the facility was Condition of Partic Active Treatment. 483,410(a)(1) GO	s survey were based on e group home and two day ws with one family member, the group home staff, and record incident reports and survey findings determined in compliance with the cipation in Client Protection and	{W 104		7007 NOV -2 P 3 47	DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION
	Based on intervier facility's governing general operating deficienct practice	Is not met as evidenced by: we and record review, the g body provided to provide directions except for the es detailed below.				
W 130	Implement policie safety of its cilent	ody failed to establish and/or is that ensured the health and	W 13	30		

Any deficiency statement ending with an astariak (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that wher safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above ere disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 tays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-98) Previous Versione Obsolete

Event ID: R8BR12

Facility ID: 08/3167

If continuation sheet Page 1 of ?

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/23/2007 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A BUILDING	CONSTRUCTION	(X3) DATE SU COMPLE	IRVEY TED
		above	B, WING		1	2 /2007
		09G167	<u> </u>			1/2007
NAME OF P	rovider or supplier 10		1613	T'ADDRESS, GITY, STATE, ZIP TAYLOR STREET, NW SHINGTON, DG 20011	CODE	
(X4) ID PREFIX TAG	. (FACH DEFICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(XS) COMPLETION DATE
W 130	Continued From p	page 1	W 130			
•	Therefore, the fac	ensure the rights of all clients. cility must ensure privacy during re of personal needs.		W130		
	Based on observe that the clients' rig medication admin of six clients resid #3, #5, and #6) The findings inclu The facility failed privacy during the	is not met as evidenced by: ation, the facility failed to ensure this for privacy duting the distration were protected for five ling in the facility. (Client #1, #2, de: to ensure that Clients received evening medication evidenced below:		A decorative scr purchased to use of providing pri- medication adm Whenever possi clients will be e- participate in of to increase priva- person receiving	e as a means vacy during inistration. ble, other ncouraged to her activities acy for the	
{W 149}	observation on 10 Licensed Practice administer medic and #6 in a desig room and living), clients and staffs and Irving rooms; medications could 483,420(d)(1) ST CLIENTS The facility must policies and proomistreatment, near this STANDARD Based on interview.	ing medication administration 0/9/07 beginning at 8:15 PM, the al Nurse (LPN) was observed to ations to Clients #1, #2, #3, #5, nated area (between the dining This area was opened to the who were sitting in the dining therefore, the clients receiving d be observed by others. AFF TREATMENT OF develop and Implement written edures that prohibit glect or abuse of the client. It is not met as evidenced by: we and record review, the facility and/or implement policies that	{W 149}			

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_	•	I AND HUMAN SERVICES				FORM	10/23/2007 APPROVED
DEPART	MENT OF DEALTH	& MEDICAID SERVICES			· · · · · · · · · · · · · · · · · · ·	OMB NO	0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, -	QC) MULTIPLE CONSTRUCTION A. BUILDING			URVEY ETED
	09G167			NG_		1	R 1/2007
VALUE OF S	ROMDER OR SUPPLIER	<u> </u>		STR	EET ADDRESS, CITY, STATE, ZIP CODE		
CARECO				11	613 Taylor Street, NW Vashington, DC 20011		
· .			ID		PROVIDER'S PLAN OF CORRECT	TION	(36)
(X4) ID PREFIX TAG	(CACU DESIGNATIONS)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PRES	TX.	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	IULD BE	COMPLETION DATE
DA/ 1401	Continued From pa	ana 2	{W ·	1493	1		
{W 149}		age 2 siding in the facility. (Client #2)	'''				
!	Me Mies mens le						
	The finding include	2 8.			'		
•	_	•			7571.40		
	The facility failed to	p ensure its "Medication			W149		
	Administration Pro	otocol" was implemented to on errors as evidenced below:	1		The DCS and medication r	urse	
	address medicatio	IN ettors as evidenced psiow.	l		will be retrained on the		
!	Review of the unu	aual Incident reports conducted	1		Medication Administration		
	on 10/11/07 at 2:1	2 AM revealed an incident	1		Protocol. This and all incid	ients	
\	dated 9/1/07, Acc	cording to the incident, the			are reviewed by the Incide		1
	evening medication	n nurse did not arrive to the) ·		Review Committee to reco	gnize	
1	facility to administ	er 8:00 PM medications to review revealed that the Direct	ł		trends and make		
	Care Support (DC	(S) on duty called Designated	1		recommendations to alley	iate	1
ì	Nurse (DN) on du	ty to report the medication error	.]		future occurrences.		
	but received no re	esponse back. The DCS then	ľ			11/07/07	
1	called the Acting	Residential Director (RD) who in			1	11101141	
1	return called the o	covering nurse. The RD called			,		
Ì	back to the facility	to Inform the DCS on duty that					
1	the covering nurs	e would be sending someone rithe medications to Client #2.					
	The scheduled m	edication nurse arrived at the	}				•
1	facility at approxit	mately 11:45 PM and					
1	administered med	dications to Client #2.					
}		II) 48					
1		responding investigation report		•			.
1.	incident separt in	onnation presented on the nterview with the QMRP on				•	
1	10/10/07 at appro	eximately 3:00 PM revealed that			Į		
	the DCS did not t	follow the established protocol.			•		
	According to the	facility policy " If staff has					
	inot received a c≊	all from the DN within the 15	_				
	minutes, which w	rould then be 30 minutes past the	C		1		1.
Ī	medication time,	staff calls the Program Services urther review of the protocol	'				}
1	revealed that *wi	nen the Medication Nurse (MN)	s ·				
	coing to arrive m	ore than 15 minutes past the				-	
1		he/she calls the home by that .					l

FORM CMS-2567(02-99) Previdus Versions Obsoble

Event ID; RBBR12 Facility ID; 09G167

If continuation sheet Page 3 of 7

10/23/2007 03:06 FAX 2024429430

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM.	APPROVED 0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		09G167	p, WI	7G		1	₹ 1/2007
NAME OF P	ROVIDER OR SUPPLIER		-	16	TET ADDRESS, CITY, STATE, ZIP CODE 13 TAYLOR STREET, NW ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
{W 149}	time to notify staff of time." The medical establish protocols.	of his/her expected arrival tion-nurse also did not follow	{W 1				
	The facility must pr Initial and continuin	ovide each employee with g training that enables the rm his or her duties effectively,		0.07	· .		
	Based on interview falled to ensure that with initial and conti	is not met as evidenced by; and record review, the facility it each employee was provided inuing training that enabled the m his or her duties effectively, ipetently.				·	
	2:12 PM, revealed documented a med further review of the the corresponding Direct Care Staff (I facility's policy and Administration (Me Protocol)" when the show up between the Qualified Menter (QMRP) and review attendance record retrained on the Me Protocol on 9/22/0. occurred. Further revealed no evidential	incident reports on 10/9/07 at an Incident dated 9/1/07 that dication error for Client #2. The incident report and review of investigation revealed that the DCS) failed to implement the procedures for "Medication dication Administration is medication nurse failed to the hours of 8 PM to 10 PM to 2's medications. Interview with all Retardation Professional wof the staff training revealed that staff have been edication Administration Pass of after the incident had review of the attendance sheet that the DCS involved in the DT had received the training or			W189 The DCS involved will recadditional training on the Medication Administration Protocol with appropriate documentation kept on file review.	L	

10/23/2007 03:06 FAX 2024428430

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PRINTED: 10/23/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						FORM AI OMB NO. 0	PPROVED 1938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONȘTRUCTION	(X3) DATE SURVEY COMPLETED	
,		09G167	B. WIN	16		R 10/11/	
	ROVIDER OR SUPPLIER		•		EET ADDRESS, CITY, STATE, ZIP CODE		
CARECO	, 10			W	ASHINGTON, DC 20011		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
(W 189)		age 4 ministration Pass Protocol.	{W 1	89}			
W 247		NDIVIDUAL PROGRAM PLAN	W.	247			
	The individual prog opportunities for ci self-management.	ram plan must include ent choice and	,				
	Based on observatifailed to ensure the provided the opposition of their self-m. The findings included. Evening observations included. Evening roum area with dining table and are observations included. Evening roum area with observations on 80% of table after meal, to steps, etc.). Furth revealed Social Williams included a recommendation of wiping the assistance. There client #3 was affor self-management,	-			W247 1. Client #3 has a new objective in place to complete a chore of choice. This allows the opportunity to choices and participate in the management at upkeep of his own. 2. Client #2 will be a the opportunity to participate in home management tasks tolerated. A chore schedule will be developed and rot that all have an opportunity to participate in preferred activities.	f his shim make ipate in nd home. ifforded e as ated so	
		vations was conducted from M on 10/9/07. At 6:00 PM,				11/1 4/ U/	

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		AND HUMAN SERVICES & MEDICAID SERVICES			•	PRINTED: FORM A OMB NO. (PPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) M	UL'TIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
and Plan O	CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING		R .	
	09G167			·			/2007 .
NAME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIF CODE		
CARECO	10				IS TAYLOR STREET, NW ASHINGTON, DC 20011		
(XA) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	LLD BE	(%5) COMPLETION DATE
W 247	Continued From pa	age 5	w:	247			
{W 252}	personal chair water room area while on table and another at approximately 5 #8 stated that she interview with the C Professional (QMF approximately 2:00 used to clean of the further revealed the and gait concerns, off as much as she survey, Client #6 wipe of the table a was presented. 483.440(e)(1) PRC Data relative to ac specified in client in	erved to be sitting in her ching television in the living television in the living the staff wiped off the dining staff swept the living room floor. Of PM, interview with Client loves cleaning off the tables. Qualified Mental Retardation RP) on 10/10/07 at DPM revealed that Client #6 table all the time. The QMRP at due to Client #6's mobility she does not clean the table to use to. At the time of the ras not given the opportunity to firer dinner with the opportunity XSRAM DOCUMENTATION complishment of the criteria ndividual program plane documented in measurable	{w 2	252}			
	Based on observative, the facility collected in the former of three client (Client #3) The findings include the facility falled to collected in accordant which was necess	o ensure that data had been lance with the IPP for Client #3, ary for a functional assessment					
L	of the client's prog	ress as evidenced below:				_	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM CMS-2587(02-89) Previous Versions Obsolete

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) FROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER: 09G167		(X1) FROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			COMPLETED R 10/11/2007	
		09G167					
NAME OF P	ROVIDER OR SUPPLIER			16	EET ADDRESS, CITY, STATE, ZIF CODE 13 TAYLOR STREET, NW IASHINGTON, DC 20011		
(X4) 1D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)			IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{W 252}	Evening observations beginning at 3:10 #3's communication at 1:5 communication of the communi	ions conducted on 10/9/07 at PM to 8:02 PM revealed Client on device sitting on top of the did staff encourage or offer ortunity to use the evice. Review of the client's in Plan (IPP) revealed a program and "Given verbal prompts, the a yes/no question using his evice 50% of the trials for one of the data collection revealed cation device (Mini-Merc) should seven (7) days a week. Further a collection sheets revealed staff objective one time (10/7/07) as review with the Qualified Mental essional (QMRP) on 10/11/07 at 115 AM acknowledged the lack for the month of October 2007, ated the staff was recently hired. SING SERVICES provide clients with nursing dance with their needs.	{W 2	331)	-	ired w ch re un 1/01/07 receive	

Event ID: RBBR12

Facility ID: 09G167

If continuation sheet Page 7 of 7

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AND PLAN OF CORRECTION IDENTIF		(X1) PROVIDER/SUPPLIE IDENTIFICATION NO 09G167	OVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:		LE CONSTRUCTION	COMPLET	(X3) DATE SURVEY COMPLETED R 10/11/2007	
VAME OF P	ROYIDER OR SUPPLIER		1		TATE ZIP CODE			
CARECO	10		1613 TAY WASHIN	YLOR STREE GTON, DC 20	T, NW 0011			
(X4) ID PREFIX TAG	EACH DEFICIENCY MUST BE PRECEDED BY FORE			ID PREFIX TAG	PROVIDER'S PLAN OF CON (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	COMPLETE DATE		
{I 000}	10/9/07 through 10 facility's compliance deficiencies cited of three residents population of four residents with vary. The findings of this observations at the programe, intervied day program and review of unusual investigations. 3509.3 PERSONN Each supervisors descriptions with employment and annually the contents of journal of the contents of journal of the findings inclusively at the transplayee at the transplayee at the transplayee at the transplayee at the transplayee at the transplayee at the transplayee of the perior 10/11/07 at 11 staff identified on did not have currents.	re survey was conducted in the conducted	the dition level om sample client les client les clies dities. It on wo day nember, the decord les client les client les client les client les client les completed les completed les chedule b	{I 203}	I 203 All job descriptions reviewed and signed be reviewed and sign in conjunction with performance evaluate	They will ned annually, the		

If condition sheet 1 of 1

RBBR12